

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000000461 (3)**

1. Corporation Name

UNITED STATES TRACK COACHES ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1408 NW 6TH ST GAINESVILLE FL 32601 US	1408 NW 6TH ST GAINESVILLE FL 32601 US

3. Date Incorporated or Qualified

01/31/1994

4. FEI Number

59-3207329

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARNES, JAMES J
1408 NW 6TH ST
GAINESVILLE FL 32601**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

CARNES, JAMES J

STREET ADDRESS

2719 N.W. 24TH WAY

CITY-ST-ZIP

GAINESVILLE FL 32605

TITLE

PD

☐ DELETE

NAME

BELL, SAM

STREET ADDRESS

INDIANA UNIVERSITY, 1001 E 17TH ST

CITY-ST-ZIP

BLOOMINGTON IN

TITLE

VD

☐ DELETE

NAME

DUYST, KIM

STREET ADDRESS

801 W. MONTE VISA AVE.

CITY-ST-ZIP

TURLOCK CA 95382

TITLE

S

☐ DELETE

NAME

VERCANTEREN, DEB

STREET ADDRESS

UNIV OF WISCONSIN-108 ALBEE HALL

CITY-ST-ZIP

OSHKOSH WI

TITLE

T

☐ DELETE

NAME

BARBER, JAMES

STREET ADDRESS

SOUTHERN CONNECTIVUT STATE UNIV

CITY-ST-ZIP

NEW HAVEN CT

TITLE

T

☐ DELETE

NAME

BARBER, JAMES

STREET ADDRESS

SOUTHERN CONNECTIVUT STATE UNIV

CITY-ST-ZIP

NEW HAVEN CT

TITLE

T

☐ DELETE

NAME

BARBER, JAMES

STREET ADDRESS

SOUTHERN CONNECTIVUT STATE UNIV

CITY-ST-ZIP

NEW HAVEN CT

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jimmy Carnes Jimmy Carnes 1/28/98 352-955-220

CR2E037 (10/97)