

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000000461**

1. Entity Name  
**UNITED STATES TRACK COACHES ASSOCIATION, INC.**



Principal Place of Business  
**1330 NW 6TH ST  
SUITE C  
GAINESVILLE, FL 32601 US**

Mailing Address  
**1330 NW 6TH ST  
SUITE C  
GAINESVILLE, FL 32601 US**



01132004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3207329**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CARNES, JAMES J  
1330 NW 6TH ST SUITE C  
GAINESVILLE, FL 32601**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when restateful)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNES, JAMES J 2719 N.W. 24TH WAY GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, TERRY CAL POLY STATE SAN LUIS OBISPO, CA 93407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATTS, DOUG EDINBORO UNIVERSITY OF PA EDINBORO, PA 16444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, AL MARTIN LUTHER CENTRAL HIGH SCHOOL FREMONT, CA 94539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BYERS, TIM SIMPSON COLLEGE INDIANOLA, IA 50125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000011984  
01/23/04-80060-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #