FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000752 (5)**

1. Corporation Name

FLORIDA POWERBOAT RACING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1049 MANOR DR. LAKE WORTH FL 33461	P.O. BOX 691 LAKE WORTH FL 33460

3. Date Incorporated or Qualified: **02/15/1994**
3a. Date of Last Report: **10/27/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **65-0462727** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROWE, THOMAS J
1049 MANOR DR.
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROWE, THOMAS J		1.2 NAME		
STREET ADDRESS	1049 MANOR DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33461		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROWE, SHARON		2.2 NAME		
STREET ADDRESS	22 HERSHEY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CALLAHAN, DAN		3.2 NAME		
STREET ADDRESS	4677 CARTHAGE CIRCLE SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33463		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	SCHICK, JENNIE		4.2 NAME	SCHICK JENNIE	
STREET ADDRESS	3250 ATLANTIC DR		4.3 STREET ADDRESS	923 S.E. 3RD. ST.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		4.4 CITY-ST-ZIP	BOYNTON BEACH FL. 33435	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LOIHLE, WILLIAM		5.2 NAME		
STREET ADDRESS	1103 NE CROWN TERR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dan Callahan DAN CALLAHAN 1-19-96 407-585-6411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #