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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001887 (8)**

1. Corporation Name

FLORIDA OUTBOARD RACING ASSOCIATION INC.



Principal Place of Business 6005 MOUNTAIN LK DR LAKELAND FL 33813 US	Mailing Address 7690 OAKMONT ROAD LAKE WORTH FL 33467
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2. Principal Place of Business 21 2301 SW Abner Road Suite, Apt. #, etc. 22	2a. Mailing Address 26 2301 SW Abner Road Suite, Apt. #, etc. 27
City & State 23 Port St. Lucie, FL 34953 Zip 24 34953 Country 25 St. Lucie	City & State 28 Port St. Lucie, FL Zip 29 34953 Country 30 St. Lucie

3. Date Incorporated or Qualified 04/13/1994
4. FEI Number 59-3214047
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GANN, W.L. BUD 6005 MOUNTAIN LK DR LAKELAND FL 33813
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10. Name and Address of New Registered Agent 81 Name: David A. Eldredge 82 Street Address (P.O. Box Number is Not Acceptable): 2301 SW Abner Road 83 84 City: Port St. Lucie FL 85 Zip Code: 34953
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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 *David A. Eldredge* DATE **4/27/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLACHTA, DAN <input checked="" type="checkbox"/> DELETE 7210 MILLBROOK OAKS LAKELAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, WILLIAM C <input checked="" type="checkbox"/> DELETE 234 N. LAKESHORE DRIVE LEESBURG FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROLIAN, ROBERT <input checked="" type="checkbox"/> DELETE 816 ALDERWOOD WAY SARASOTA FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLITER, KATIE <input checked="" type="checkbox"/> DELETE 2200 HIGHWAY 37 NORTH MULBERRY FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BICKHAM, DAVID <input type="checkbox"/> DELETE BOX 747 SAN MATEO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Steve Stella (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2101 Tanbark Lane Fort Lauderdale, FL 33312
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Doug Brand <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 501 SW 8th Terrace Cape Coral, FL 33991
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Tom Cronk <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3528 Lori Lane North Lakeland, FL 33801
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	O Sherry Eldredge <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2301 SW Abner Road Port St. Lucie, FL 34953
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition San Mateo, FL 32871
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	O Jean Martinicky <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 167 mae Belle way Lawrenceville, GA 30044

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: *Sherry Eldredge* DATE: **4/27/98** TELEPHONE: **501-878-8184**

CR2E037 (10/97)