

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000003143 (4)

1. Corporation Name

THE FLORIDA MINIATURE HARNESS RACING CLUB, INC.



Principal Place of Business

Mailing Address

12006 NORTH MAGNOLIA AVENUE  
OCALA FL 34475

12006 NORTH MAGNOLIA AVENUE  
OCALA FL 34475-1051

3. Date Incorporated or Qualified  
06/24/1994

3a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 6235 NW 62ND PL

26 6235 NW 62ND PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ocala FL

28 Ocala FL

Zip

Country

24 FL 34482

25 USA

29 34482

30 USA

4. FEI Number  
56-3256209

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

10. Name and Address of New Registered Agent

GRIFFITH, DONNA  
6235 N.W. 62ND PLACE  
OCALA FL 34482

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE

NAME GRIFFITH, GREG  
STREET ADDRESS 6235 NW 62ND PL  
CITY-ST-ZIP Ocala FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VPT ☒ DELETE

NAME FLEMING, CARL  
STREET ADDRESS 1749 SE 41ST TERRACE  
CITY-ST-ZIP Ocala FL

2.1 TITLE VPT ☒ Change ☐ Addition

TITLE ST ☐ DELETE

NAME GRIFFITH, DONNA  
STREET ADDRESS 6235 NW 62ND PL  
CITY-ST-ZIP Ocala FL

2.2 NAME Lee Rusit ☒ Change ☐ Addition

TITLE T ☒ DELETE

NAME FLEMING, TONYA  
STREET ADDRESS 12006 MAGNOLIA AVE  
CITY-ST-ZIP Ocala FL

2.3 STREET ADDRESS 1141 N Dean Rd ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP ORLANDO, FL 32825 ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☒ Change ☐ Addition

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Florence Rusit ☒ Change ☐ Addition

4.3 STREET ADDRESS 1141 N. Dean Rd ☒ Change ☐ Addition

4.4 CITY-ST-ZIP Orlando, FL 32825 ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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:

Donna Griffith

Donna Griffith

1.24.97

352 368 5030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0085661

CR2E037 (9/96)