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Apr 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 # N94000003143 (4)
 Corporation Name
THE FLORIDA MINIATURE HARNESS RACING CLUB, INC.



Principal Place of Business 6235 NW 62 PL OCALA FL 34482 US	Mailing Address 6235 NW 62 PL OCALA FL 34482 US
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2. Principal Place of Business 21 7255 W. HIGHWAY 329 Suite, Apt. #, etc. 22 City & State 23 REDDICK, FLORIDA Zip Country 24 32686 25 MARION 29 34480 30 MARION	2a. Mailing Address 26 1154 S.E. 95th STREET Suite, Apt. #, etc. 27 City & State 28 OCALA, FLORIDA Zip Country 29 34480 30 MARION
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3. Date Incorporated or Qualified 06/24/1994	4. FEI Number 56-3256209	Applied For <input type="checkbox"/> Not Applicable
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 GRIFFITH, DONNA 6235 N.W. 62ND PLACE OCALA FL 34482
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10. Name and Address of New Registered Agent 81 Name FLORENCE M. RUSH 82 Street Address (P.O. Box Number is Not Acceptable) 1154 S.E. 95th STREET 83 OCALA, FLORIDA 34480 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 *Florence M. Rush* **FLORENCE M. RUSH** **2/10/98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT <input checked="" type="checkbox"/> DELETE GRIFFITH, GREG 6235 NW 62ND PL OCALA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT <input checked="" type="checkbox"/> DELETE RUSH, LEE 1141 N DEAN RD ORLANDO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <input checked="" type="checkbox"/> DELETE GRIFFITH, DONNA 6235 NW 62ND PL OCALA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> DELETE RUSH, FLORENCE 1141 N OCEAN RD ORLANDO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
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	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LEE R. RUSH 1154 S.E. 95th STREET OCALA, FL 34480
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPT RICHARD RAY 4100 NE 135th Street P. O. BOX 838 ANTHONY, FL 32617
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ST BALLESTER, HOLLY P. O. BOX 1686 5430 County Road 634 BUSHNELL, FL 33513 South
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Florence M. Rush* **FLORENCE M. RUSH** **2/20/98** **(904) 943-5366**

CR2E037 (10/97)