**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400003143

## THE FLORIDA MINIATURE HARNESS RACING CLUB, INC.

Principal Place of Busines
7255 W. HIGHWAY 329
REDDICK FL 32686
US

2. Principal Place of Business

21

Mailing Address

1154 SE 95TH STREET OCALA FL 34480

2a. Mailing Address

## **FILED** Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90030 039 \*\*\*\*61.25

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Applied For-

3. Date Incorporated or Qualifed

06/24/1994

4. FEI Number

Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				4. FEI Number			Apr	lied For	
22		27				56-32562	09		Not	Applicable	
City & State City & State						5. Certifcate of	Status Desired		<b>\$8.75</b> A		
23		28				- Control of			Fee Red	quired	
Zip	Zip Country Zip					6. Election Cam	npaign Financing		\$5.00	May Be	
24	25 29 30			Trust Fund Contribution Added to Fe					Fees		
	9. Name and Address of Curren	t Registered Agent			1	0. Name and A	ddress of New	Registered	Agent		
		•	81	Name		•					
RUSH, FL	ORENCE M.		82 Street Address (P.O. Box Number is Not Acceptable)								
1154 SE 9				:							
OCALA FL			83								
00,12111		-	84 City 85 Zip Code						ode		
								FL	.		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	, the above	e-named c	corpora	tion submits this	statement for the	purpose of	changing its	registered	
office or re	egistered agent, or both, in the State	of Florida. Such change was auth tions of Section 617.0503. Florid	norized by ia Statutes	tne corpoi	rations	poard of directo	rs. I nereby acci	apt the appoi	urmeur as ref	harelen	
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Re	egistered Ager	it signature rec	quired wh	en reinstating)		DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/C	HANGES TO O	FFICERS AN			
TITLE	VPT	<b>□</b> *DELETE	1.1 TITLE	ľ	PT				Change	Addition	
NAME	RAY, RICHARD		1.2 NAME	l	•	GAYLE					
STREET ADDRESS	4100 NE 135TH ST		1.3 STREET ADDRESS 4100 ne 135th ST								
CITY-ST-ZIP	ANTHONY FL 32617		1.4 CITY-S	T-ZIP	ANTH	DNY, FL :	32617				
TITLE	PT	☐ DELETE	2.1 TITLE		VPT				☐ Change	Addition	
NAME	RUSH, LEE		2.2 NAME	E	BALL	ESTER, HE	ENRY				
STREET ADDRESS	4474 07 0771 07		2.3 STREET	23 STREET ADDRESS 543		COUNTRY	ROAD 634	SOUTH			
CITY-ST-ZIP	001 ANDO EL 04400		2. 4 CITY-S	4 CITY-ST-ZIP BUSHNELL, FL 33513							
TITLE	ST	☐ DELETÉ	3.1 TITLE						Change	Addition	
NAME	BALLESTER, HOLLY		3.2 NAME								
STREET ADDRESS	5430 COUNTY ROAD 634 SOU	πH	3.3 STREET	TADORESS		* *					
CITY-ST-ZIP	BUSHNELL FL 33513		3.4. CITY-S	T-ZIP		•					
TITLE	T	☐ DELETE	4.1 TITLE						☐ Change	☐ Addition	
NAME	RUSH, FLORENCCE		4.2 NAME								
STREET ADDRESS	1141 N OCEAN RD		4.3 STREE	TADDRESS							
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-S	T-ZIP		<u> </u>					
TITLE	-	☐ DELETE	5.1 TITLE						☐ Change	Addition	
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREE	TADDRESS							
CITY-ST-ZIP			5.4 CITY-S	T- ZIP							
TITLE	:	☐ DELETE	6.1 TITLE						Change	☐ Addition	
NAME			6.2 NAME							-	
STREET ADDRESS			6.3 STREE	TADDRESS			1				
CITY-ST-ZIP			6.4 CITY-S								
14. I hereby o	certify that the information supplied wi	th this filing does not qualify for the	he exempt	ion stated	in Sec	tion 119.07(3)(i),	Florida Statutes	. I further cer	tify that the ir	nformation	

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, with all other like empowered.