

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000000177	
1. Entity Name TRACK SHACK FOUNDATION, INC.	

Principal Place of Business 1104 N. MILLS AVE. ORLANDO FL 32803 US	Mailing Address 1104 N MILLS AVE. ORLANDO FL 32803 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3306035		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CLARK, JEFF B 1104 N MILLS AVE. ORLANDO FL 32803		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

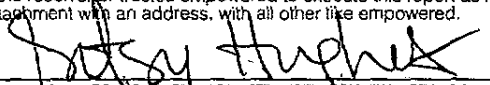
\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
WARD, TOM 144 SANDLEWOOD WINTER PARK FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
HUGHES, JON 1623 WYCLIFF DR. ORLANDO FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
CASEY, NATALIE 1216 GOLFSIDE DRIVE WINTER PARK FL 32792	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
GILMORE, MARTY 1108 PARKER CANAL CT. OVIEDO FL 32765	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
HUGHES, BETSY 1623 WYCLIFF DR. ORLANDO FL 32803	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
U000000048450 02/12/04-80081-003 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/9/04** **4078981313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR