# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 09, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # N95000000177

1. Entity Name
TRACK SHACK FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1104 N. MILLS AVE.<br>ORLANDO, FL 32803 US | 1104 N MILLS AVE.<br>ORLANDO, FL 32803 US |

DO NOT WRITE IN THIS SPACE

02202007 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000694791
04/17/07-80032-005 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | CALPEY, JOHN |
| STREET ADDRESS | 4038 BOUNCE |
| CITY-ST-ZIP | ORLANDO, FL 32812 |
| TITLE | D |
| NAME | HUGHES, JON |
| STREET ADDRESS | 1623 WYCLIFF DR. |
| CITY-ST-ZIP | ORLANDO, FL |
| TITLE | D |
| NAME | CASEY, NATALIE |
| STREET ADDRESS | 1216 GOLFSIDE DRIVE |
| CITY-ST-ZIP | WINTER PARK, FL 32792 |
| TITLE | D |
| NAME | GILMORE, MARTY |
| STREET ADDRESS | 1108 PARKER CANAL CT. |
| CITY-ST-ZIP | OVIEDO, FL 32765 |
| TITLE | D |
| NAME | HUGHES, BETSY |
| STREET ADDRESS | 1623 WYCLIFF DR. |
| CITY-ST-ZIP | ORLANDO, FL 32803 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** _____ 4/4/07 407 896-1160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #