

**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.	
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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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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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**DO NOT WRITE
IN THIS SPACE**

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

**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

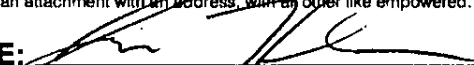
04/17/07-80032-005-61-25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P CALPEY, JOHN 4038 BOUNCE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D HUGHES, JON 1623 WYCLIFF DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D CASEY, NATALIE 1218 GOLFSIDE DRIVE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D GILMORE, MARTY 1108 PARKER CANAL CT. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D HUGHES, BETSY 1623 WYCLIFF DR. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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IN THIS SPACE**

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 an other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/07 407 896-1160