## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000000177

Title:

Name:

Address:

City-St-Zip:

Entity Name: TRACK SHACK FOUNDATION, INC.

FILED Apr 08, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1104 N. MILLS AVE. 1013 MONTANA STREET ORLANDO, FL 32803 US ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** 1104 N MILLS AVE ORLANDO, FL 32803 US FEI Number: 59-3306035 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLARK, JEFF B 1104 N MILLS AVE. ORLANDO, FL 32803 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CALPEY, JOHN Name: Name: Address: 4038 BOUNCE Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HUGHES, JON Name: Address: 1623 WYCLIFF DR. Address: City-St-Zip: ORLANDO, FL City-St-Zip: Title: () Delete Title: () Change () Addition CASEY, NATALIE Name: Name: 1216 GOLFSIDE DRIVE Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: GILMORE, MARTY Name: 1108 PARKER CANAL CT. Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BETSY HUGHES OFFI 04/08/2009

() Delete

HUGHES, BETSY

1623 WYCLIFF DR

ORLANDO, FL 32803

() Change () Addition