

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004030 (1)

1. Corporation Name

HIGH SCHOOL TRACK/CROSS COUNTRY COACHES OF AMERICA, INC.



Principal Place of Business

Mailing Address

901 SWEETBRIAR RD.  
ORLANDO FL 32806

901 SWEETBRIAR RD.  
ORLANDO FL 32806

3. Date Incorporated or Qualified  
08/16/1995

3a. Date of Last Report

N/A

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STANLEY, J. ALFRED JR.  
225 WATER ST., STE. 1400  
JACKSONVILLE FL 32202

81 Name  
STANLEY, J. ALFRED, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

ONE INDEPENDENT DRIVE

83

SUITE 2501

84

CITY JACKSONVILLE

FL

85

Zip Code

32202

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE ☐ DELETE

NAME NEWTON, JOE  
STREET ADDRESS 1560 ABERDEEN CT.  
CITY-ST-ZIP NAPERVILLE FL 60564

TITLE ☐ DELETE

NAME SOMERLOT, RITA  
STREET ADDRESS 911 WINDOM SQUARE  
CITY-ST-ZIP CENTERVILLE OH 45458

TITLE ☐ DELETE

NAME HARRIS, CHARLIE  
STREET ADDRESS 904 SCOTT AVE.  
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ DELETE

NAME HOLDREN, JAMES  
STREET ADDRESS 1541 WESHIRE LN.  
CITY-ST-ZIP RICHMOND VA 23233

TITLE ☐ DELETE

NAME FINKE, FRED  
STREET ADDRESS 5516 ELIZABETH ROSE SQUARE  
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ DELETE

NAME HEMMER, JOHN C  
STREET ADDRESS 901 SWEETBRIAR RD.  
CITY-ST-ZIP ORLANDO FL 32806

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Hemmer  
John C. HEMMER

Date

Daytime Phone #

4-30-96 407-855-2911

CR2E037 (12/95)