

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90081 003 ****61.25

DOCUMENT # N96000000794

1. Corporation Name

FLORIDA RUNNING FESTIVAL, INC.

Principal Place of Business

C/O STEVE EDWARDS
131 32ND AVE
TREASURE ISLAND FL 33706-3319

Mailing Address

C/O STEVE EDWARDS
131 32ND AVE
TREASURE ISLAND FL 33706-3319



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/13/1996

4. FEI Number

59-3360473

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

9. Name and Address of Current Registered Agent

RUZICKA, RICHARD R
7112 2ND AVE S
ST PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME **RUZICKA, RICHARD R**
STREET ADDRESS **7112 2ND AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE VPD ☐ DELETE

NAME **NORMILE, MARTIN**
STREET ADDRESS **615 14TH AVE NE**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE SD ☐ DELETE

NAME **MCDONALD, CHRISTOPHER D**
STREET ADDRESS **849 APALACHEE DR NE**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE D ☒ DELETE

NAME **FARNELL, DEANNA**
STREET ADDRESS **C/O 315 COURT ST., RM: 484**
CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE D ☐ DELETE

NAME **KIEFFER, JON C**
STREET ADDRESS **6670 - 1ST AVE. S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE ☐ DELETE

NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
Scott Brainard
100 Second Ave So.
St. Petersburg FL 33712

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)