


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004362 (7)**

1. Corporation Name

**NATIONAL AIRBOAT RACING CLUB, INC.**

Principal Place of Business

Mailing Address

**3655 MAITLAND RD  
KISSIMMEE FL 34744  
US**

**3655 MAITLAND RD  
KISSIMMEE FL 34744  
US**



3. Date incorporated or Qualified

**08/19/1996**

4. FEI Number

**65-0722432**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, DAVID  
3655 MAITLAND RD  
KISSIMMEE FL 34744**

81 Name

**JOHNSON, DAVID L.**

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

**N/C**

83

**N/C**

84 City

**N/C**

**FL**

85 Zip Code

**N/C**

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 **DAVID JOHNSON, PRESIDENT DIRECTOR**

**1/17/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, DAVID L</b>	
STREET ADDRESS	<b>3655 MAITLAND RD</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>NICHOLS, RONALD</b>	
STREET ADDRESS	<b>1323 QUEENS RD #203</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	

2.1 TITLE	<b>VICE-PRESIDENT-D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>QUINTIN MOORE</b>	
2.3 STREET ADDRESS	<b>2 34 COTTONWOOD DR.</b>	
2.4 CITY-ST-ZIP	<b>DAVENPORT, FL 33837</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LABORDE, ROBERT</b>	
STREET ADDRESS	<b>4950 SW 29TH AVE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	

3.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>CAROL L JOHNSON</b>	
3.3 STREET ADDRESS	<b>3655 MAITLAND RD.</b>	
3.4 CITY-ST-ZIP	<b>KISSIMMEE, FL 34744</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>RON NICHOLS</b>	
4.3 STREET ADDRESS	<b>1323 QUEENS RD #203</b>	
4.4 CITY-ST-ZIP	<b>CHARLOTTE, NC 28207</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

**DAVID JOHNSON** **1/17/98**

CR2E037 (1097)