NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600004362

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90033 012 ****61.25

 Corporation 	n Name												
NATIONAL AIRBOAT RACING CLUB, INC.											3 · 12		,
Principal Place of Business Mailing Address													
3655 MAITLAND RD KISSIMMEE FL 34744 US					3655 MAITLAND RD Kissimmee FL 34744 US								
Principal Place of Business 2a. Mailing Address										3. Date Incorporated or Qualifed			
21					26					08/19/1996			
Suite, Apt. #, etc.					Suite, Apt. #, etc.					4. FEI Number		——	lied For
22					27					65-0722432		\$8,75 Ac	Applicable
City & State					City & State				5. Certificate of Status Desired LJ Fee Requ			uired	
Zip	Zip Country			Zip			Country			6. Election Campaign Financing	ļ	\$5.00 M	
24		25		29		30				Trust Fund Contribution	ntarad A	Added to	Fees
	9. Name	and Addres	s of Current F	tegis	stered Agent		81	Name		10. Name and Address of New Regi	Stered A	gent	
										· · · · · · · · · · · · · · · · · · ·			
JOHNSON, DAVID L							82 Street Addre			ss (P.O. Box Number is Not Acceptable)			
3655 MAITLAND RD							83						
√ KISSIMME	:E FL 34/4	4										TL = 0	
							84	City			FL	85 Zip Co	ode
11. Pursuant	to the provisi	ions of Section	ons 617.0502 a	and 6	17.1508, Florida S	tatutes, the	above	-named	corpo	ration submits this statement for the purp	oose of c	nanging its r	egistered
office or r	edistered add	ent, or both,	in the State of	Florid	da. Such change w , Section 617.0503	as authoria	zed by	the corp	oration	's board of directors. I hereby accept the	e appoint	ment as regi	Istered
SIGNATURE			 .		,								1
	Signature, typed		of registered agent a			<u>-</u>		it signature	required t	mion tomousing)	DATE	DIDECTOR	20 151 40
12.		OF	FICERS AND	DIRE	ECTORS DELETI		3.		PI	ADDITIONS/CHANGES TO OFFICE		Change	Addition
TITLE	PD				□ nere ii		1 TITLE		10	HNSON, L. DAVID 555 MAITLAND RD		error	<i>)</i>
NAME	JOHNSON, DAVID L							1.2 NAME 1.3 STREET ADDRESS 36		55 MAITLAND RD	-	name	·
STREET ADDRESS	WOOD DIEE EI							1.4 City-St-ZiP		1551MMEE, FL 3	3474	14	}
CITY-ST-ZIP	VPD	<u>t rl</u>			DELET		4 CHY-S 1 TITLE	1-212		· · · · · · · · · · · · · · · · · · ·	,,,,	Change	Addition
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STREET ADDRESS	MOORE, QUINTIN 234 COTTONWOOD DR						2.3 STREET ADDRESS						
CITY-ST-ZIP	DAVENPORT FL 33837							2.4 CITY-ST-ZIP					
TITLE	D	,,,,, <u>r</u> <u>r 000</u>			☐ DELET	_	1 TITLE			+ -		Change	☐ Addition
NAME	NICHOLS	. RON				3.	2 NAME						ŀ
STREET ADDRESS		EENS RD, 1	#203			3.	3 STREE	ADORESS					
CITY-ST-ZIP	CHARLO1	ITE NC 382	207			3.	4. CITY-S	T-ZIP					
TITLE					□ DELET	E 4.	1 TITLE					Change	☐ Addition
NAME							2 NAME)
STREET ADDRESS						4.	3 STREE	TADDRESS	i				
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_						- 1	2 NAME					_ •	_
NAME.								FADDRESS					
OTKEET ADDRESS	I						_		1				

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.