2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004362

1. Entity Name
NATIONAL AIRBOAT RACING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3655 MAITLAND RD KISSIMMEE, FL 34744 US	3655 MAITLAND RD KISSIMMEE, FL 34744 US

DO NOT WRITE IN THIS SPACE

04162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DAVID L
3655 MAITLAND RD
KISSIMMEE, FL 34744

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, DAVID L
STREET ADDRESS	3655 MAITLAND RD
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	D
NAME	NICHOLS, RON
STREET ADDRESS	1323 QUEENS RD, #203
CITY-ST-ZIP	CHARLOTTE, NC 38207
TITLE	P
NAME	HAWTHORNE, LOU
STREET ADDRESS	P.O. BOX 124
CITY-ST-ZIP	SCOTTSMOOR, FL 32775
TITLE	S
NAME	GIBSON, RHONDA
STREET ADDRESS	123 BLACKCLOUD LANE
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	T
NAME	JOHNSON, CARL
STREET ADDRESS	3655 MAITLAND ROAD
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000525052
05/04/06-80015-018 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Johnson 4-18-06 407-348-2105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #