

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005405

Entity Name: TRI CITY KART CLUB, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 1144
PINELLAS PARK, FL 337801144

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1144
PINELLAS PARK, FL 337801144

New Mailing Address:

FEI Number: 59-3408686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIET ANDRIES
4946 73RD AVENUE
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CRAIG, SHEILA M
Address: 2701 66TH WAY N
City-St-Zip: ST. PETERSBURG, FL 33710

Title: PD () Delete
Name: ANDRIES, HARRIET M
Address: 4946 73RD AVENUE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: VD () Delete
Name: COLEMAN, CRAIG
Address: 8214 127TH ST.N.
City-St-Zip: SEMINOLE, FL 33776

Title: SD () Delete
Name: GULLIVER, JOANN
Address: 1701 KAY DRIVE
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA M CRAIG

TD

04/28/2004

Electronic Signature of Signing Officer or Director

Date