2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPURI					Filati		
DOCUMENT # N96000005405					FILLU SECRETARY OF STATE DIVISION OF CORT CRATIONS		
TRI ČITY KART CLUB, INC.					06 AUG 2	8 PM 1:19	
Principal Place of Business POST OFFICE BOX 1144 PINELLAS PARK, FL 33780-1144 PINELLAS PARK, FL 33780-1144 PINELLAS PARK, FL 33780-1144 PINELLAS PARK, FL 33780-1144							
2. Principal P	Place of Business	3. Mailing Address]		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08212006 Chg-NP	CR2E037 (<u> </u>
City & State		City & State			4. FEI Number 59-3408686		Applied For Not Applicable
Zip	Country	Zip	Country	<i>(</i>	5. Certificate of Status Desir		75 Additional Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name //							t
MARTIN, AMY L 35 DAVIS BOULEVARD TAMPA, FL 33606				Street Address (P.O. Box Number is Not Acceptable)			
7, 7 E 33000							
				City St Petersburg FL 33704			
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 Signature () pod or printed narry of registrated agent and side if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees	Make check pay Florida Departmen	
10.	OFFICERS AND DIF		11.		ADDITIONS/CHANGES TO OF		
title Name	MARTIN, AMY L	🔯 Delete	TITLE NAME	HOS	Grossman		Change 🔀 Addition
STREET ADDRESS	35 DAVIS BOULEVARD		STREET AC	DDRESS 867	Y 23rd Ave N #	٢	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-		Petersburg PL 3	3704	
TITLE NAME	PD ROBERTS, MARK	🔀 Defete	TITLE NAME	VO Pau (Lesinski		Change 🔀 Addition
STREET ADDRESS				ET ADDRESS 14929 Newport Rd			
CITY-ST-ZIP				SI-ZIP Clearwater FL 33764			
TITLE NAME	SCAMPTON, TERRY	☐ Delete	TITLE NAME				Change
STREET ADDRESS	5260 86TH AVENUE NORTH		STREET AC	DRESS	. 99997. 0A0/30/08		29
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-		, 99739795779.	1825812 -	? * 61.25
title Name	SD STATON, BRENDA	🔼 Delete	TITLE NAME	SD Hent	her Wilhams		Change 🔀 Addition
STREET ADDRESS	P.O. BOX 2712		STREET AC		88 TH AVE N =	1204	
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-	ap Pine	llas Park FL 3.	3782	
TITLE NAME		☐ Delete	TITLE				Change 🔲 Addition
STREET ADDRESS			NAME STREET AS				
TITLE		☐ Delete	CITY-ST-	dP	-		Sharga Addition
NAME		□ Delete	NAME	İ		ليا ر	Change
STREET ADDRESS CITY-ST-ZIP			STREET AC	l l			
	ertify that the information supplied with	this filing does not qualify for	CITY-ST-		in Chapter 110 Florida Statut	as I further portify the	at the information
12. I hereby certify that the information supplied with this filling 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 it 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 appears, with all other like empowered.							
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 atteress, with all other like empowered. SIGNATURE: SIGNATURE SIGNATURE AND TYPED OF FRINTED MAKE OF SIGNING OFFICER OR DIRECTOR Date Daytone Phone #							

Daytime Phone #