

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90023 004 ****70.00

DOCUMENT # N96000005405

1. Entity Name
TRI CITY KART CLUB, INC.



Principal Place of Business
**POST OFFICE BOX 1144
 PINELLAS PARK, FL 33780-1144**

Mailing Address
**POST OFFICE BOX 1144
 PINELLAS PARK, FL 33780-1144**

2. Principal Place of Business - No P.O. Box #
SAME

3. Mailing Address
867 23RD AV. NORTH

Suite, Apt. #, etc.
SAME Suite, Apt. #, etc.
APT # 2

City & State
SAME City & State
ST. PETERSBURG FL.

Zip
SAME Country
SAME Zip
33704 Country
USA

4. FEI Number
59-3408686 Applied For
 Not Applicable

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

01162008 Chg-NP CR2E037 (12/06)



6. Name and Address of Current Registered Agent

**GROSSMAN, HARRY
 867 23RD AVENUE NORTH, #2
 ST. PETERSBURG, FL 33704**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
SAME
 City
FL Zip Code

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: *Harry Grossman* *Harry Grossman* *1/23/08*
Signature typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROSSMAN, HARRY 867 23RD AVENUE NORTH, #2 ST. PETERBURG, FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESINSKI, PAUL 14929 NEWPORT ROAD CLEARWATER, FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, HEATHER 4701 88TH AVE. N. #1204 PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, HEATHER 4701 88TH AVENUE NORTH, #1204 PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *Harry Grossman* *1/23/08* *727 224-5983*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #