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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005524 (0)**
1. Corporation Name

LIGHTNING BOLT TRACK CLUB, INC.

Principal Place of Business 2945 4TH AVENUE SOUTH ST. PETERSBURG FL 33712	Mailing Address 2945 4TH AVENUE SOUTH ST. PETERSBURG FL 33712
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3. Date Incorporated or Qualified

09/29/1997

4. FEI Number
59-3101380

Applied For

Not Applicable

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYD, MARGARET C
2945 4TH AVENUE SOUTH
ST. PETERSBURG FL 33712**

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Margaret C. Boyd**

1/10/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D	CEO
NAME	GARYLYNN L. BOYD
STREET ADDRESS	2431 6TH ST. SO. #4
CITY-ST-ZIP	ST. PETERSBURG, FL 33705

TITLE T	President
NAME	Wanda Outlaw
STREET ADDRESS	2441 37TH ST. SO.
CITY-ST-ZIP	ST. PETERSBURG, FL 33711

TITLE T	Vice-President
NAME	Jackie Genes
STREET ADDRESS	535 Zanesville St. So.
CITY-ST-ZIP	St. Petersburg, FL 33707

TITLE T	Treasurer
NAME	Margaret C. Boyd
STREET ADDRESS	2945 4th Ave So.
CITY-ST-ZIP	ST. PETERSBURG, FL 33712

TITLE T	FINANCE SECRETARY
NAME	KIMBERLY BOYD
STREET ADDRESS	3797 87TH ST. SO. #81
CITY-ST-ZIP	ST. PETERSBURG, FL 33712

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Garlynn L. Boyd**

1/10/98

(813) 790-0275

CR2E037 (1097)