2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004
Secretary of State

DOCUMENT# N98000005426

Entity Name: CENTRAL FLORIDA GREYHOUND ASSOCIATION, INC.

Current Principal Place of Business:

2990 LAKE WOODWARD DRIVE
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

P O BOX 950550
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 59-3535467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNELL, ROD
2990 LAKE WOODWARD DRIVE
EUSTIS, FL 32726

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: PD ( ) Delete
Name: SHAMSHED, TONY
Address: 101 GLEASON COVE
City-St-Zip: SANFORD, FL 32773

Title: VPD ( ) Delete
Name: STAPLETON, PHIL
Address: 696 ASHLEY CT.
City-St-Zip: CASSELBERRY, FL 32707

Title: TD ( ) Delete
Name: CONNELL, ROD
Address: 2990 LAKE WOODWARD DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: SD ( ) Delete
Name: SHELDON, SHERYL
Address: 387 HANSOM PKWY
City-St-Zip: SANFORD, FL 32773

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: ROD CONNELL TD 01/28/2004

Electronic Signature of Signing Officer or Director — Date