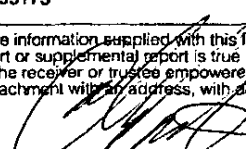


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-15-2004 90018 031 ****61.25

DOCUMENT # N99000004373					
1. Entity Name HOMESTEAD MIAMI SPEEDWAY VOLUNTEER, ASOC., INC.					
Principal Place of Business 15512 S.W. 142 COURT MIAMI FL 33177			Mailing Address 15512 S.W. 142 COURT MIAMI FL 33177		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0938376	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VAN HORN, CHARLES ES 15512 S.W. 142 COURT MIAMI FL 33127			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN HORN, CHARLES 15512 S.W. 142 COURT MIAMI FL 33177 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIGHTFOOT, ROBERT 29350 SW 144 AVE MIAMI FL 33033 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIALLO, FRED 8141 SW 36 TERR MIAMI FL 33155 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICKER, PATRICIA 660 SE 4TH AVE POMPANO BEACH FL 33060 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	William malcolm 20220 SW 116 AVE MIAMI FL 33189 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARRETT, KAREN 11036 SW 123 CT MIAMI FL 33186 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROSLLEY, COREY 9020 SW 50 ST MIAMI FL 33173 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 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: 			DIRECTOR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3-25-04 Daytime Phone #: 305-268-9186		