


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90046 016 ****61.25

DOCUMENT # 706741

1. Entity Name
 HOMESTEAD RODEO ASSOCIATION, INC.



Principal Place of Business
 1034 NE 8TH STREET
 P.O. BOX 1432
 HOMESTEAD, FL 33030

Mailing Address
 P.O. BOX 1432
 HOMESTEAD, FL 33090

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

01122006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-1031008 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

BOSTIC, HARRY F
 28500 S.W. 212 AVENUE
 HOMESTEAD, FL 33030

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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	S	<input checked="" type="checkbox"/> Delete
NAME	COFFIN, NICK JR	
STREET ADDRESS	5600 SW 87 AVE	
CITY - ST - ZIP	COOPER CITY, FL 33328	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRYANT, WALTER	
STREET ADDRESS	27401 SW 164 CT	
CITY - ST - ZIP	HOMESTEAD, FL 33031	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOSTIC, HARRY F	
STREET ADDRESS	28500 S.W. 212 AVENUE	
CITY - ST - ZIP	HOMESTEAD, FL 33030	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, TOM	
STREET ADDRESS	17901 SW 232 ST	
CITY - ST - ZIP	MIAMI, FL 33170	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANICE KOONCE	
STREET ADDRESS	19926 SW 326 ST	
CITY - ST - ZIP	HOMESTEAD, FL 33030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 F. Bostic Harry F. BOSTIC (Treasurer) 1-17-06 786-276-1649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #