


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90010 003 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1031008	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S COFFIN, NICK JR 5600 SW 87 AVE COOPER CITY FL 33328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VICE PRESIDENT NICK COFFIN 5600 SW 87 AVE COOPER CITY 33328	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD BRYANT, WALTER 27401 SW 164 CT HOMESTEAD FL 33031	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PRESIDENT MATT GOODMAN 18445 SW 293 TER. HOMESTEAD, FL 33030	
TITLE NAME STREET ADDRESS CITY ST ZIP	T BOSTIC, HARRY F 28500 S.W. 212 AVENUE HOMESTEAD FL 33030	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD SMITH, TOM 17901 SW 232 ST MIAMI FL 33170	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	S KOONCE, JANICE 19926 SW 326 ST HOMESTEAD FL 33030	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 122-07 786-236-1649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #