

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90019 045 ****75.00

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.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E037 (10/07)

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 **Robert Goodman**
 Street Address (P.O. Box Number is Not Acceptable) **18445 SW 293 Terrace**
 City **Homestead** Zip Code **33030**
FL

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 **Robert W. Goodman** DATE **3/26/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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	V	<input type="checkbox"/> Delete
NAME	COFFIN, NICK JR	
STREET ADDRESS	5600 SW 87 AVE	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOODMAN, MATT	
STREET ADDRESS	18445 SW 293 TERR.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BOSTIC, HARRY F	
STREET ADDRESS	28500 S.W. 212 AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KOONCE, JANICE	
STREET ADDRESS	19926 SW 326 ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Goodman	
STREET ADDRESS	18445 SW 293 Terr.	
CITY-ST-ZIP	Homestead, FL 33030	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sally Woods	
STREET ADDRESS	15060 SW 296 ST	
CITY-ST-ZIP	Homestead, FL 33033	
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		

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: **Robert W. Goodman** Robert W. Goodman **3/26/08**
Signature and typed or printed name of signing officer or director **Treas. (786)8776351**