

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 722518 (8)

1. Corporation Name

FLORIDA BARREL RACERS ASSOCIATION, INC.

Principal Place of Business

GRANADA DR  
POST OFFICE BOX 7697  
IND. LAKE ESTATES FL 33855

Mailing Address

GRANADA DR  
POST OFFICE BOX 7697  
IND. LAKE ESTATES FL 33855



3. Date Incorporated or Qualified  
01/17/1972

3a. Date of Last Report  
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-2408060

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORKILDSON, ALTHEA  
317 GRANADA DRIVE  
INDIAN LAKE ESTATES FL 33855

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME LEWIS, CHARLOTTE  
STREET ADDRESS 8025 NW 12TH STREET  
CITY-ST-ZIP OKEECHOBEE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME HUGHES, DIXIE  
STREET ADDRESS 1501 CRUPID AVE  
CITY-ST-ZIP CHRISTMAS FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME GRIFFIN, MARGARET  
STREET ADDRESS 5960 ST AMBROSE CH RD  
CITY-ST-ZIP ELKTON FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME TORKILDSON, ALTHEA  
STREET ADDRESS 317 GRANADA DR  
CITY-ST-ZIP IND LAKE ESTS FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME CARTER, CLARA L  
STREET ADDRESS 1525 SHADY OAKS RD  
CITY-ST-ZIP LAKE WALES FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE S ☒ DELETE  
NAME BURNSIDE, TONYA  
STREET ADDRESS 2480 ARABIAN TRAIL  
CITY-ST-ZIP ORMOND BEACH FL

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME Diane Slaybaugh  
6.3 STREET ADDRESS 1316 Avenue ASE  
6.4 CITY-ST-ZIP Winter Haven FL 33880

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Althea Torkildson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96  
Date

941/692-2143  
Daytime Phone #

CP2E037 (12/95)