

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90377 044 ****61.25

DOCUMENT # 722518 1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2408060	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORKILDSON, ALTHEA 317 GRANADA DRIVE INDIAN LAKE ESTATES, FL 33855			7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) <i>2911 Granada Dr</i> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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	P BARTLETT, LYNETTE 6840 OSCEOLA/POLK LINE RD DAVENPORT, FL 33837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, GALYN 3725 HICKORY LN TREE RD SAINT CLOUD, FL 34772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, CHERYL L 1525 SHADY OAKS RD LAKE WALES, FL 33898	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TORKILDSON, ALTHEA 317 GRANADA DR IND LAKE ESTS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLECKINGER, HEATHER 5121 CRAIG RD COCOA, FL 32926	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2 DYER, VICKIE 3315 ORLEANS ST COCOA, FL 32926	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <i>Hawkins</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Fleckinger</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP2</i> <i>Lauren Sapp</i> <i>2003 Mudlake Rd</i> <i>Plant City, FL 33566</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: <i>Althea Torkildson</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <i>3/8/07</i> Daytime Phone # <i>813/692-2143</i>					