2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State
02-24-2005 90044 026 ****61.25

DOCUMENT # 706741

1. Entity Name
HOMESTEAD RODEO ASSOCIATION, INC.

50018725

Principal Place of Business	Mailing Address
1034 NE 8TH STREET P.O. BOX 1432 HOMESTEAD, FL 33030	P.O. BOX 1432 HOMESTEAD, FL 33090

02212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
BOSTIC, HARRY F 28500 S.W. 212 AVENUE HOMESTEAD, FL 33030	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PIVNIK, SHELDON 8300 SW 105 STREET HOMESTEAD, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Coffin Nick, JR. 5600 SW 87 AVE. Cooper City Fl. 33328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COFFIN, NICK, JR. 5600 S.W. 87 AVE. COOPER CITY, FL 33328	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Walter Bryant 27401 SW 164 CT Homestead, Fl. 33031	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOSTIC, HARRY F 28500 S.W. 212 AVENUE HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STODND, JIM 28245 SW 167 AVE HOMESTEAD, FL 33030	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Smith, Tom 17901 SW 232 ST Miami, Fl 33170	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: H. L. Bostic H. F. Bostic 2-21-05 786-236 1649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #