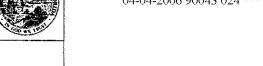
2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) **DOCUMENT # 722518** 1. Entity Name FLORIDA BARREL RACERS ASSOCIATION, INC.



04-04-2006 90043 024 ****61.25



				COO WE	The same					
Principal Plac	e of Business	Mailing Address								
GRANADA DR POST OFFICE BOX 7697 IND. LAKE ESTATES FL 33855		GRANADA DR POST OFFICE BOX 7697 IND. LAKE ESTATES FL 33855								
2. Principal Place of Business		3. Mailing Address				188 IAE	JU 14010 1JUAH 01101 1101	AI IBUL BIBUL BEBER B		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1st MOORE CR2E037 (10/05)				
City & State		City & State			4. FEI Number Applied Fo. 59-2408060 Not Applied			pplied For ot Applicable		
Zip	Country	Zip	Count	iry		5. Certificate of Status Desired			\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
			Name							
317	KILDSON, ALTHEA GRANADA DRIVE	_		Street Address (P.O. Box Number is Not Acceptable)						
INDI	AN LAKE ESTATES FL 338	55								
			_	City			····	FL	Zip Cod	le
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 approachize (NOTE: Registered Agent signature required when reinstating) DATE DATE										
FILE NOW: FEE IS \$61.25 9. Election Campaign Finan Trust Fund Contribution						\$5.00 May Be Added to Fees	Fior	ake Check ida Depart	lment of	State 💮
10.	OFFICERS AND DIF	왕(수왕)가 된 PECTORS	11.		Δ	DDITIONS/CHANC				
TITLE	P	Delete	TITLE		VPZ	DOMONOFOLIANC	SES TO OFFICE	LING AND DIE	Change	Addition
NAME	BARTLETT, LYNETTE	□1 ∩elete	NAME			lie Diper			C Citalige	AD Mullion
STREET ADDRESS	6840 OSCEOLA/POLK LINE RD			ADDRESS	221	5 Ortean	vSt			
CITY-ST-ZIP	DAVENPORT FL 33837		CITY-S	T-ZIP	Coco	a # 3	2926			
TITLE	D	Delete	TITLE		^				Change	Addition
NAME	HUGHES, DIXIE	\sim	NAME		Gas	lyn Haev 5 Hicko Loud H	Kens	Pal		
STREET ADDRESS	1501 CRUPID AVE			ADDRESS	312	5 Hicko	ny mei	<i>ra</i>		
CITY-ST-ZIP	CHRISTMAS FL		CITY-S	T-ZIP	<u>St (</u>	loud H-	34772			
TITLÉ	D	☐ Detete	TITLE			_			☐ Change	- 🔲 Addition
NAME	MANN, CHERYL L		NAME							
CITY-ST-ZIP	1525 SHADY OAKS RD LAKE WALES FL 33898		CITY-S	ADDRESS						
				1-21	····					
TITLE NAME	TD TORKILDSON, ALTHEA	☐ Delete	TITLE NAME						☐ Change	☐ Addition
	317 GRANDA DR			ADDRESS						
CITY-ST-ZIP	IND LAKE ESTS FL		CITY-S							
TITLE	VP	☐ Delete	TITLE	 					☐ Change	Addition
NAME	FLECKINGER, HEATHER	23 0000	NAME							
STREET ADDRESS	5121 CRAIG RD		STREET	ADDRESS						Ì
CITY - ST- ZIP	COCOA FL 32926		CITY-S	T-ZIP						
TITLE	S	X Delete	TATLE						Change	☐ Addition
NAME	TOMEU, STEPHANIE	,,	NAME							
	9247 DELFT RD		- E	ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34240		CITY-S	T-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: