

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722518

FILED
Apr 21, 2008
Secretary of State

Entity Name: FLORIDA BARREL RACERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2911 GRANADA DR
IND. LAKE ESTATES, FL 33855

Current Mailing Address:

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

New Mailing Address:

2911 GRANADA DR
PO BOX 7697
IND. LAKE ESTATES, FL 33855

FEI Number: 59-2408060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORKILDSON, ALTHEA
2911 GRANADA DR
INDIAN LAKE ESTATES, FL 33855 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARTLETT, LYNETTE
Address: 6840 OSCEOLA/POLK LINE RD
City-St-Zip: DAVENPORT, FL 33837

Title: S () Delete
Name: HAWKINS, GALYN
Address: 3725 HICKORY LN TREE RD
City-St-Zip: SAINT CLOUD, FL 34772

Title: D () Delete
Name: MANN, CHERYL L
Address: 1525 SHADY OAKS RD
City-St-Zip: LAKE WALES, FL 33898

Title: TD () Delete
Name: TORKILDSON, ALTHEA,
Address: 317 GRANDA DR
City-St-Zip: IND LAKE ESTS, FL

Title: D () Delete
Name: FLECKINGER, HEATHER
Address: 5121 CRAIG RD
City-St-Zip: COCOA, FL 32926

Title: VP2 () Delete
Name: SAPP, LAUREN
Address: 2003 MUDLAKE RD
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALTHEA TORKILDSON

TD

04/21/2008

Electronic Signature of Signing Officer or Director

Date