

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725899

FILED
Mar 20, 2007
Secretary of State

Entity Name: MIAMI SHOWMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

3391 GRIFFIN ROAD
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

3391 GRIFFIN ROAD
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 59-0530570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURR, GEORGE W
213 TEAKWOOD LANE
HOLLYWOOD, FL 33021 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: WILSON, ALFRED J
Address: 6830 N.W. 81 PLACE
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: BRADLEY, HEIDI
Address: 1224 N.W. 159 LANE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: GOLOSIE, PATRICIA
Address: 847 N.W. 81 TERR.
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: MCKNIGHT, ROBERT E
Address: 1311 BRISTOL AVE.
City-St-Zip: DAVIE, FL 33325

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCKNIGHT, ROBERT
Address: 1311 BRISTOL AVENUE
City-St-Zip: DAVIE, FL 33325

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

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

Title: VP (X) Change () Addition
Name: IANNI, STEVEN E
Address: 11705 BOYETTE # 474
City-St-Zip: RIVERVIEW, FL 33569

Title: T () Change (X) Addition
Name: WILSON, DENISE
Address: 6830 NW 81 PLACE
City-St-Zip: TAMARAC, FL 33319

Title: S () Change (X) Addition
Name: FRY, CAROL A
Address: 8798 NW 35 STREET
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL A. FRY

S

03/20/2007

Electronic Signature of Signing Officer or Director

Date