

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725899

FILED  
Mar 24, 2009  
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:**

HAGAN, MAX M  
3531 GRIFFIN ROAD  
FT. LAUDERDALE, FL 33312 US

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: MAX M. HAGAN

03/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: IANNI, STEVEN E  
Address: 11705 BOYETTE #474  
City-St-Zip: RIVERVIEW, FL 33569

Title: VP ( ) 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  
Address: 1311 BRISTOL AVENUE  
City-St-Zip: DAVIE, FL 33325

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BRADLEY, HEIDI  
Address: 1224 N W 159 LANE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP (X) Change ( ) Addition  
Name: BRADLEY, JOHN  
Address: 1224 N.W. 159 LANE  
City-St-Zip: PEMBROKE PINES, FL 33028

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: CAROL A. FRY

S

03/24/2009

Electronic Signature of Signing Officer or Director

Date