

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006083

FILED
Jan 06, 2004
Secretary of State**Entity Name:** MIDDLEBURG BMX ASSOCIATION, INC.**Current Principal Place of Business:**4110 EVERETT AVE.
MIDDLEBURG, FL 32068**New Principal Place of Business:****Current Mailing Address:**2640-204 BLANDING BLVD
#143
MIDDLEBURG, FL 32068**New Mailing Address:****FEI Number:** 59-3671861**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALBRIGHT, MARK
4524 CHIPMUNK RD
MIDDLEBURG, FL 32068 US**Name and Address of New Registered Agent:**HINES, BOB
2640-204 BLANDING BLVD
#143
MIDDLEBURG, FL 32068 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: MARK ALBRIGHT

01/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ALBRIGHT, VANESSA
Address: 4524 CHIPMUNK RD.
City-St-Zip: MIDDLEBURG, FL 32068

Title: PD () Delete
Name: ALBRIGHT, MARK
Address: 4524 CHIPMUNK RD.
City-St-Zip: MIDDLEBURG, FL 32068

Title: VD () Delete
Name: HINES, BOB
Address: 4544 ARMADILLO ST.
City-St-Zip: MIDDLEBURG, FL 32068

Title: T () Delete
Name: HINES, ROBIN
Address: 4544 ARMADILLO ST.
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: MAYER, ANDREW
Address: 20 MINK AVE.
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HINES, BOB
Address: 2640-204 BLANDING BLVD #143
City-St-Zip: MIDDLEBURG, FL 32068

Title: DVP (X) Change () Addition
Name: TODD, LARRY
Address: 2640-204 BLANDING BLVD #143
City-St-Zip: MIDDLEBURG, FL 32068

Title: DT (X) Change () Addition
Name: HINES, ROBIN
Address: 2640-204 BLANDING BLVD. #143
City-St-Zip: MIDDLEBURG, FL 32068

Title: DS (X) Change () Addition
Name: LOWE, TRACY
Address: 2640-204 BLANDING BLVD. #143
City-St-Zip: MIDDLEBURG, FL 32068

Title: D,AS (X) Change () Addition
Name: SIMCOX, TIM
Address: 2640-204 BLANDING BLVD. #143
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BOB HINES

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date