## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000006083

Entity Name: MIDDLEBURG BMX ASSOCIATION INC

FILED Jan 30, 2005 Secretary of State

Littly Nai	ile. MIDDELL	OURG BIVIX AGGOCIATION, I	iivo.			
Current Principal Place of Business:				New Principal Place of Business:		
4110 EVER MIDDLEBU	RETT AVE. JRG, FL 3206	8				
Current Mailing Address:			I	New Mailing Address:		
#143	BLANDING BL JRG, FL 3206					
FEI Number:	59-3671861	FEI Number Applied For ( )	FEI Numl	ber Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			ı	Name and Address of New Registered Agent:		
#143	DB BLANDING BL' JRG, FL 3206					
	named entity s of Florida.	submits this statement for the	e purpose of	changing it	ts registered office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered A	gent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HINES, BOB	Delete IDING BLVD #143 FL 32068	1	Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition HINES, BOB 2640-204 BLANDING BLVD #143 MIDDLEBURG, FL 32068	
Title: Name: Address: City-St-Zip:	TODD, LARRY	Delete IDING BLVD #143 FL 32068	1	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	HINES, ROBIN	Delete IDING BLVD. #143 FL 32068	1	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	LOWE, TRACY	IDING BLVD. #143	1	Title: Name: Address: City-St-Zip:	DS (X) Change ( ) Addition ALBRIGHT, VANESSA 2640-204 BLANDING BLVD. #143 MIDDLEBURG, FL 32068	
Title: Name: Address: City-St-Zip:	SÍMCOX, TIM	Delete IDING BLVD. #143 FL 32068	1	Title: Name: Address: City-St-Zip:	D,AS (X) Change ( ) Addition DAVIE, TONYA 2640-204 BLANDING BLVD. #143 MIDDLEBURG, FL 32068	
Title: Name:	( )	Delete	1	Title: Name:	DP ( ) Change (X) Addition MORRIS, CRIAG	

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.

City-St-Zip: MIDDLEBURG, FL 32068

SIGNATURE: ROBERT HINES TD 01/30/2005

City-St-Zip: