2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

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Entity Name: MIDDLEBURG BMX ASSOCIATION, INC.

Current Principal Place of Business:

4099 COMPTON RD
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

4099 COMPTON RD
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:

CAZARES, GEORGE
4099 COMPTON RD
MIDDLEBURG, FL 32068 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: TD ( ) Delete
Name: CAZARES, GEORGE
Address: 4099 COMPTON RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: DT ( ) Delete
Name: ZAWADA, CULLEN
Address: 4099 COMPTON RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: DC ( ) Delete
Name: DAVIE, TONYA
Address: 4099 COMPTON RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: DP ( ) Delete
Name: ZAWADA, RICK
Address: 4099 COMPTON RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: DB ( ) Delete
Name: HINES, ROBIN
Address: 4099 COMPTON RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: DS ( ) Delete
Name: CAZARES, NORMA
Address: 4099 COMPTON RD
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change ( ) Addition
Name: HINES, ROBIN
Address: 4099 COMPTON RD
City-St-Zip: MIDDLEBURG, FL 32068

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

Title: DP (X) Change ( ) Addition
Name: JAMES, REED
Address: 4099 COMPTON RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: DB (X) Change ( ) Addition
Name: ROBIN, HINES
Address: 4099 COMPTON RD
City-St-Zip: MIDDLEBURG, FL 32068

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: ROBIN HINEES DT 01/25/2009

Electronic Signature of Signing Officer or Director — Date