

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007841

Entity Name: FLORIDA RACCA, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

466 94TH AVE NO
SAINT PETERSBURG, FL 33702 US

New Principal Place of Business:

466 94TH AVE NORTH
SAINT PETERSBURG, FL 33702 US

Current Mailing Address:

466 94TH AVE NO
SAINT PETERSBURG, FL 33702 US

New Mailing Address:

466 94TH AVE NORTH
SAINT PETERSBURG, FL 33702 US

FEI Number: 02-0534220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, CHERYL
466 94TH AVE NO
SAINT PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

HARRIS, CHERYL
466 94TH AVE NORTH
SAINT PETERSBURG, FL 33702 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: CHERYL HARRIS

04/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LINGERFELT, BRYAN
Address: 604 N GILCHRIST AVE
City-St-Zip: TAMPA, FL 33606

Title: STD () Delete
Name: GRIFFIN, DAN
Address: 1000 EDISON AVE
City-St-Zip: JACKSONVILLE, FL 32220

Title: D () Delete
Name: STEHLE, PAUL
Address: 2212 WHITFIELD PARK LOOP
City-St-Zip: SARASOTA, FL 34243

Title: P () Delete
Name: COCHELL, ROBERT
Address: 5411 COMFORT DR
City-St-Zip: TAMPA, FL 33610

Title: VP () Delete
Name: BARNES, WILLIAM
Address: 1905 N TAMIAAMI TRAIL
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: JORGENSEN, SCOTT
Address: 4152 INDEPENDANT CT, STE C2
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: LINGERFELT, BRYAN
Address: 604 N GILCHRIST AVE
City-St-Zip: TAMPA, FL 33606

Title: P (X) Change () Addition
Name: GRIFFIN, DAN
Address: PO BOX 370687
City-St-Zip: JACKSONVILLE, FL 32236

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

Title: D (X) Change () Addition
Name: COCHELL, ROBERT
Address: PO BOX 1070
City-St-Zip: VALRICO, FL 33595

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

Title: D (X) Change () Addition
Name: WORTHMANN, TOM
Address: 7050 NW 23 WAY
City-St-Zip: GAINESVILLE, FL 32613

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: DAN GRIFFIN

P

04/18/2007

Electronic Signature of Signing Officer or Director

Date