2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007841

Entity Name: FLORIDA RACCA, INC.

Current Principal Place of Business:

AGG OATH AVE NODTH

FILED Apr 24, 2008 Secretary of State

SAINT PETERSBURG, FL 3370	02 US			
Current Mailing Address:		New Mailing Address:		
466 94TH AVE NORTH SAINT PETERSBURG, FL 3370	02 US			
FEI Number: 02-0534220 FEI N	lumber Applied For () FE	I Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
HARRIS, CHERYL 466 94TH AVE NORTH SAINT PETERSBURG, FL 3370	02 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:				
Electronic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: T () Delete Name: LINGERFELT, BRYAN Address: 604 N GILCHRIST AVE		Name: STEHLE, PA	(X) Change()Addition ,UL :IELD PARK LOOP	

JACKSONVILLE, FL 32236 City-St-Zip:

City-St-Zip:

Title:

Name:

Address:

Title: () Delete STEHLE, PAUL Name:

2212 WHITFIELD PARK LOOP Address: City-St-Zip: SARASOTA, FL 34243

GRIFFIN, DAN

PO BOX 370687

TAMPA, FL 33606

() Delete

Title: (X) Delete COCHELL, ROBERT Name:

PO BOX 1070 Address: City-St-Zip: VALRICO, FL 33595

Title: (X) Delete BARNES, WILLIAM Name:

1905 N TAMIAMI TRAIL Address: NORTH FORT MYERS, FL 33903 City-St-Zip:

Title: (X) Delete

WORTHMANN, TOM Name: Address: 7050 NW 23 WAY GAINESVILLE, FL 32613 City-St-Zip:

Address:

City-St-Zip: SARASOTA, FL 34243

New Principal Place of Business:

(X) Change () Addition Title:

LINGERFELT, BRYAN Name:

Address: 604 NORTH GILCHRIST AVENUE

City-St-Zip: TAMPA, FL 33606

Title: (X) Change () Addition

WORTHMANN, TOM Name: 7050 NW 23RD WAY Address: City-St-Zip: GAINESVILLE, FL 32653

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.

Ρ SIGNATURE: PAUL STEHLE 04/24/2008