

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002765

FILED
Apr 30, 2005
Secretary of State

Entity Name: OFF ROAD RACING ASSOCIATION INCORPORATED

Current Principal Place of Business:

575 SIMEON ROAD
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

575 SIMEON ROAD
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 04-3777264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEISSEN, LAURA E
575 SIMEON ROAD
WINTER GARDEN, FL 34787 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: CEOD () Delete
Name: MEISSEN, LAURA E
Address: 575 SIMEON ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: PD () Delete
Name: RICHENBERG, WILFRED P
Address: 575 SIMEON ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: S () Delete
Name: MEISSEN, LAURA
Address: 575 SIMEON ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD () Delete
Name: FAHLSTROM, PAUL
Address: 6371 OLD SOLOMONS IS ROAD
City-St-Zip: TRACYS LANDING, MD 20779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: LAURA MEISSEN

CEOD

04/30/2005

Electronic Signature of Signing Officer or Director

Date