

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005798

FILED
Apr 22, 2005
Secretary of State

Entity Name: MISS RODEO FLORIDA ASSOCIATION, INC.

Current Principal Place of Business:

1237 N TIMUCUAN TRAIL
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

1237 N TIMUCUAN TRAIL
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 01-0816505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKETTRICK, LORI
1237 N TIMUCUAN TRAIL
INVERNESS, FL 34453 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: P () Delete
Name: ARKOOSH, SHERI
Address: 2371 CARAMGP;A ;AME
City-St-Zip: ST. JAMES CITY, FL 33956

Title: V () Delete
Name: KESSLER, MARK A
Address: 319 WISCONSIN AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: S () Delete
Name: KENDRICK, FAITH
Address: 2713 BLAIRSTONE LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: VEAL, TERES
Address: PO BOX 14
City-St-Zip: GEORGETOWN, FL 32139

Title: D () Delete
Name: MCKETTRICK, LORI
Address: 1237 N TIMUCUAN TRAIL
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARKOOSH, SHERI
Address: 2371 CARAMBOLA LANE
City-St-Zip: ST. JAMES CITY, FL 33956

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

Title: T (X) Change () Addition
Name: KENDRICK, FAITH
Address: 2713 BLAIRSTONE LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: S (X) Change () Addition
Name: KESSLER, LAURA
Address: 319 WISCONSIN AVENUE
City-St-Zip: ST CLOUD, FL 34769

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: LORI MCKETTRICK

D

04/22/2005

Electronic Signature of Signing Officer or Director

Date