

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005798

FILED  
Apr 17, 2006  
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 CARAMBOLA LANE  
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: T      ( ) Delete  
Name: KENDRICK, FAITH  
Address: 2713 BLAIRSTONE LANE  
City-St-Zip: TALLAHASSEE, FL 32301

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

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: KENDRICK, FAITH  
Address: 2713 BLAIRSTONE LANE  
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: T      (X) Change ( ) Addition  
Name: EICHELBERGER, ROB  
Address: 2634 QUARTERDECK CT  
City-St-Zip: KISSIMMEE, FL 32819

Title: S      (X) Change ( ) Addition  
Name: BROWN, TIFFANY  
Address: 4998 OREN BROWN RD  
City-St-Zip: KISSIMMEE, FL 34746

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 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: LORI MCKETTRICK

D

04/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date