

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005798

FILED
Apr 30, 2009
Secretary of State

Entity Name: MISS RODEO FLORIDA ASSOCIATION, INC.

Current Principal Place of Business:

319 WISCONSIN AVENUE
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

319 WISCONSIN AVENUE
ST. CLOUD, FL 34769

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:

KESSLER, MARK A
319 WISCONSIN AVENUE
ST. CLOUD, FL 34769 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: PRES () Delete
Name: WASSON, MARY JANE
Address: P.O. BOX 177
City-St-Zip: INTERCESSION, FL 33848

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

Title: TRES () Delete
Name: ROBERTS, MARGUERITE
Address: 138 CALIFORNIA AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: SEC () Delete
Name: BATES, COURTNEY
Address: 2969 5TH STREET
City-St-Zip: ST. CLOUD, FL 34769

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

Title: T. D () Delete
Name: ROBERTS, REGINA A
Address: 850 WEST SOUTHPORT ROAD
City-St-Zip: KISSIMMEE, FL 34746

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:

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.

SIGNATURE: LAURA L. KESSLER

V.P.

04/30/2009

Electronic Signature of Signing Officer or Director

Date