

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005798

**FILED**  
**Apr 10, 2012**  
**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:**

3115 S INDIAN RIVER DRIVE  
FT PIERCE, FL 34982

**Current Mailing Address:**

319 WISCONSIN AVENUE  
ST. CLOUD, FL 34769

**New Mailing Address:**

3115 S INDIAN RIVER DRIVE  
FT PIERCE, FL 34982

**FEI Number:** 01-0816505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STEINRUCK, SANDY  
3115 S INDIAN RIVER DR  
FT PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

STEINRUCK, SANDRA L  
3115 S INDIAN RIVER DR  
FT PIERCE, FL 34982 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: SANDRA STEINRUCK

04/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: STEINRUCK, SANDRA L  
Address: 3115 S INDIAN RIVER DR  
City-St-Zip: FT PIERCE, FL 34982

Title: VP  
Name: ROBERTS, REGINA  
Address: 850 WEST SOUTHPORT ROAD  
City-St-Zip: KISSIMMEE, FL 34746

Title: TRES  
Name: STEINRUCK, THOMAS  
Address: 3115 S. INDIAN RIVER DR.  
City-St-Zip: FT. PIERCE, FL 34982

Title: SEC  
Name: CLEMENTS, TRACY  
Address: 4685 MILDRED BASS ROAD  
City-St-Zip: ST CLOUD, FL 34772

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

Title: T. D  
Name: ROBERTS, SAMANTHA  
Address: 850 WEST SOUTHPORT ROAD  
City-St-Zip: KISSIMMEE, FL 34746

I hereby 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 all other like empowered.

SIGNATURE: SANDRA STEINRUCK

PRES

04/10/2012

Electronic Signature of Signing Officer or Director

Date