

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011535

FILED
Sep 05, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA BLUEGRASS ASSOCIATION, INC.

Current Principal Place of Business:

3204 WALLACE BRANCH ROAD
PLANT CITY, FL 33565

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 473
PLANT CITY, FL 33564

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DICKERSON LAW FIRM, P.A.
2020 W. BRANDON BLVD.
SUITE 206
BRANDON, FL 33511 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KENT, CECIL D
Address: 3204 WALLACE BRANCH ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: VP () Delete
Name: FRANKLIN, MICHAEL J
Address: 286 FRITZKE ROAD
City-St-Zip: PLANT CITY, FL 33527

Title: S/T () Delete
Name: WALKER, DAVID L
Address: 10060 RAMBLIN HINSON ROAD
City-St-Zip: LITHIA, FL 33547

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:

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: CECIL D KENT

P

09/05/2005

Electronic Signature of Signing Officer or Director

Date