

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002954

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** COWTOWN YOUTH RODEO ASSOCIATION, INC.

**Current Principal Place of Business:**

1010 SUHL LANE  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

7 N. VERNON AVE.  
KISSIMMEE, FL 34741

**New Mailing Address:**

3517 PINERIDGE CIRCLE  
KISSIMMEE, FL 34746

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HALL, CONNIE K  
7 N. VERNON AVE.  
KISSIMMEE, FL 34741 US

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

GIEL, KAREN M  
3517 PINERIDGE CIRCLE  
KISSIMMEE, FL 34746 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: KAREN M. GIEL

04/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CASSELBERRY, JOAN  
Address: 980 S. HOAGLAND AVE.  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP ( ) Delete  
Name: DORMINY, LESLY  
Address: 1407 CRESTRIDGE DR.  
City-St-Zip: KISSIMMEE, FL 34746

Title: T ( ) Delete  
Name: GIEL, KAREN  
Address: 3517 PINERIDGE CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

Title: S ( ) Delete  
Name: MASON, EMILY  
Address: 1121 DARA CAY DR.  
City-St-Zip: KISSIMMEE, FL 34741

**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:

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: KAREN M. GIEL

T

04/17/2009

Electronic Signature of Signing Officer or Director

Date