

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005611

FILED
Apr 29, 2011
Secretary of State

Entity Name: EVIL TWIN FARMS BARREL RACING ASSOCIATION, INC.

Current Principal Place of Business:

8535 S. JEFFERSON ROAD
LAMONT, FL 32336

New Principal Place of Business:

Current Mailing Address:

8535 S. JEFFERSON ROAD
LAMONT, FL 32336

New Mailing Address:

FEI Number: 27-0323769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN, SHERRI
8535 S. JEFFERSON ROAD
LAMONT, FL 32336 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
Name: DEAN, SHERRI
Address: 8535 S. JEFFERSON ROAD
City-St-Zip: LAMONT, FL 32336

Title: VP
Name: BROWN, JESSICA
Address: 654 PINEVIEW ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: S/T
Name: TOMASZEWSKI, MELISSA
Address: 4040 KIMBERLY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: BOYER, JUDY
Address: 544 NEW LIGHT CHURCH ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: SMITH, PATRICE
Address: 595 CAROLINA STREET
City-St-Zip: MONTICELLO, FL 32344

Title: D
Name: FREELAND, JESSICA
Address: POST OFFICE BOX 985
City-St-Zip: MONTICELLO, FL 32345

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: SHERRI DEAN

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date