

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005611

FILED  
Apr 30, 2012  
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: SMITH, PATRICE  
Address: 595 CAROLINA STREET  
City-St-Zip: MONTICELLO, FL 32344

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

Title: D  
Name: YARBROUGH, WENDY  
Address: 144 HIDDEN ACRES  
City-St-Zip: MONTICELLO, FL 32344

Title: D  
Name: HARRISON, ANGELA  
Address: 1119 LIMESTONE ROAD  
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

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date