FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:09

DOCUMENT # N17235 (5)

1. Corporation Name

FLORIDA JUNIOR RODEO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RT. 1, BOX 147-A ZOLFO SPRINGS FL 33890 US	RT. 1, BOX 147-A ZELFO SPRINGS FL 33890 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1986
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2827988 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADAMS, CINDY 907 WEST NORTH PARK STREET RT. 1, BOX 147-A ZOLFO SPRINGS FL 33890	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	DURRANCE, HORACE	1.2 NAME	Steve Lawrence
STREET ADDRESS	P.O. BOX 488 N/A	1.3 STREET ADDRESS	PO Box 752
CITY-ST-ZIP	LAKE PLACID FL 33852	1.4 CITY-ST-ZIP	Arcadia, FL 33821
TITLE	V	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	LAWRENCE, STEVE	2.2 NAME	Frank Dana
STREET ADDRESS	P.O. BOX 752 N/A	2.3 STREET ADDRESS	Rt. 1, Box 9-Z
CITY-ST-ZIP	ARCADIA FL 33821	2.4 CITY-ST-ZIP	Immokalee, FL 33934
TITLE	S	3.1 TITLE	S ☐ Change ☐ Addition
NAME	ADAMS, CINDY	3.2 NAME	Cindy Adams
STREET ADDRESS	RT. 1, BOX 147-A	3.3 STREET ADDRESS	Same
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☐ Change ☐ Addition
NAME	LAWRENCE, ROBBIE	4.2 NAME	Robbie Lawrence
STREET ADDRESS	P.O. BOX 2673	4.3 STREET ADDRESS	Same
CITY-ST-ZIP	ARCADIA FL 33821	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	SHORTRIDGE, STEVE	5.2 NAME	Cindy Dana
STREET ADDRESS	4008 PINYON DR.	5.3 STREET ADDRESS	Rt. 1, Box 9-Z
CITY-ST-ZIP	COCOA FL 32926	5.4 CITY-ST-ZIP	Immokalee, FL 33934
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	DANA, FRANK	6.2 NAME	Cheryl Howell
STREET ADDRESS	RT. 1 BOX 9-Z	6.3 STREET ADDRESS	PO Box 51
CITY-ST-ZIP	IMMOKALEE FL 33934	6.4 CITY-ST-ZIP	Fruitland Park, FL 34731

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steve Lawrence Pres. FJRA Steve Lawrence 1/23/95 813/993-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00080046