

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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  
ZOLFO SPRINGS FL 33890  
US

3. Date Incorporated or Qualified  
10/09/1986

3a. Date of Last Report  
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 300 Lake June Drive

26 300 Lake June Drive

4. FEI Number

59-2827988

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

Lake Placid, FL

City & State

Lake Placid, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

33852

Country

USA

Zip

33852

Country

USA

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

Wudtke, Lynn

82 Street Address (P.O. Box Number is Not Acceptable)

300 Lake June Drive

83 City

Lake Placid, FL

84 State

Lake Placid

FL

85 Zip Code

33852

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0508, Florida Statutes.

SIGNATURE

*Lynn Wudtke*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

2/12/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, STEVE	
STREET ADDRESS	P. O. BOX 752	
CITY-ST-ZIP	ARCADIA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DANA, FRANK	
STREET ADDRESS	RT. 1, BOX 9-Z	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, CINDY	
STREET ADDRESS	RT. 1, BOX 147-A	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, ROBBIE	
STREET ADDRESS	P.O. BOX 2673	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DANA, CINDY	
STREET ADDRESS	RT. 1, BOX 9-Z	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOWELL, CHERYL	
STREET ADDRESS	P. O. BOX 51	
CITY-ST-ZIP	FRUITLAND FL	

13.

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Willis, Mike	
1.3 STREET ADDRESS	112 Willis Road	
1.4 CITY-ST-ZIP	Venus, FL 33960	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Covington, James	
2.3 STREET ADDRESS	1593 C.R. 202	
2.4 CITY-ST-ZIP	Oxford, FL 34484	
3.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wudtke, Lynn	
3.3 STREET ADDRESS	300 Lake June Drive	
3.4 CITY-ST-ZIP	Lake Placid, FL 33852	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Barber, Donald	
4.3 STREET ADDRESS	857 N.E. 28th Avenue	
4.4 CITY-ST-ZIP	Okeechobee, FL 34972	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mayworth, Bob	
5.3 STREET ADDRESS	Post Office Box 1107 N/A	
5.4 CITY-ST-ZIP	Sebring, FL 33871	
6.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Howell, Cheryl	
6.3 STREET ADDRESS	P.O. Box 51 N/A	
6.4 CITY-ST-ZIP	Fruitland, 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn Wudtke

2/12/96 941/699-1624

Date

Daytime Phone

Bank Dep. 6125 SG 3-4-96

CR2E037 (12/95)