

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17235 (5)**

1. Corporation Name

FLORIDA JUNIOR RODEO ASSOCIATION, INC.



Principal Place of Business 300 LAKE JUNE DRIVE LAKE PLACID FL 33852	Mailing Address 300 LAKE JUNE DRIVE LAKE PLACID FL 33852-9663
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3. Date Incorporated or Qualified 10/09/1986	3a. Date of Last Report 03/04/1996
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2. Principal Place of Business 21 3030 NE 70 St Suite, Apt. #, etc.	2a. Mailing Address 26 3030 NE 70 St Suite, Apt. #, etc.	4. FEI Number 59-2827988	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Ocala, FL	28 Ocala, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 34479 USA	29 34479 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WUDKE, LYNN
300 LAKE JUNE DRIVE
LAKE PLACID FL 33852

81 Name Sharon Seiler
82 Street Address (P.O. Box Number is Not Acceptable) 3030 NE 70 St
83
84 City Ocala
85 Zip Code FL 34479

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 617.0503, Florida Statutes.

SIGNATURE Sharon Seiler 2/5/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIS, MIKE		1.2 NAME Julian Wright	
STREET ADDRESS 112 WILLIS RD		1.3 STREET ADDRESS 4410 SR 31	
CITY-ST-ZIP VENUS FL 33960		1.4 CITY-ST-ZIP Punta Gorda, FL 33982	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COVINGTON, JAMES		2.2 NAME Jay Shaw	
STREET ADDRESS 1593 COUNTY RD 202		2.3 STREET ADDRESS 7090 Amesbury Ave.	
CITY-ST-ZIP OXFORD FL 34484		2.4 CITY-ST-ZIP Ocala, FL 32927	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WUDKE, LYNN		3.2 NAME Sharon Seiler	
STREET ADDRESS 300 LAKE JUNE DRIVE		3.3 STREET ADDRESS 3030 NE 70 St	
CITY-ST-ZIP LAKE PLACID FL 33852		3.4 CITY-ST-ZIP Ocala, FL 34479	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARBER, DONALD		4.2 NAME	
STREET ADDRESS 857 NE 28 AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP OKEECHOBEE FL 34972		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAYWORTH, BOB		5.2 NAME	
STREET ADDRESS P.O. BOX 1107 N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP SEBRING FL 33871		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)