

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moham Secretary of the DIVISION OF CORPORATIONS
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DOCUMENT # **N17235** (5)

1. Corporation Name
FLORIDA JUNIOR RODEO ASSOCIATION, INC.

Principal Place of Business 3030 NE 70 ST OCALA FL 34479 US	Mailing Address 3030 NE 70 ST OCALA FL 34479 US
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2. Principal Place of Business 21 3787 W. Hwy 318 Suite, Apt. #, etc.	2a. Mailing Address 26 same Suite, Apt. #, etc.
22 —	27 —
23 City & State Citra, FL	28 City & State Citra, FL
24 Zip 32113	25 Country Marion
29 Citra	30 Marion

3. Date Incorporated or Qualified 10/09/1986
4. FEI Number 59-2827988
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**SEILER, SHARON
3030 NE 70 ST
OCALA FL 34479**

10. Name and Address of New Registered Agent
81 Name **Dee Goolsby**
82 Street Address (P.O. Box Number is Not Acceptable)
3787 W. Hwy. 318
83 **6**
84 City **Citra** **FL** 85 Zip Code **32113**

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 *Dee Goolsby* DATE **3-2-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	WILLIS, MIKE	<input checked="" type="checkbox"/> DELETE
NAME		112 WILLIS RD	
STREET ADDRESS		VENUS FL 33960	
CITY-ST-ZIP			
TITLE	VP	COVINGTON, JAMES	<input checked="" type="checkbox"/> DELETE
NAME		1593 COUNTY RD 202	
STREET ADDRESS		OXFORD FL 34484	
CITY-ST-ZIP			
TITLE	ST	WUDKE, LYNN	<input checked="" type="checkbox"/> DELETE
NAME		300 LAKE JUNE DRIVE	
STREET ADDRESS		LAKE PLACID FL 33852	
CITY-ST-ZIP			
TITLE	D	BARBER, DONALD	<input checked="" type="checkbox"/> DELETE
NAME		857 NE 28 AVE	
STREET ADDRESS		OKEECHOBEE FL 34972	
CITY-ST-ZIP			
TITLE	D	MAYWORTH, BOB	<input checked="" type="checkbox"/> DELETE
NAME		P.O. BOX 1107 N/A	
STREET ADDRESS		SEBRING FL 33871	
CITY-ST-ZIP			
TITLE	P	WRIGHT, JULIAN	<input checked="" type="checkbox"/> DELETE
NAME		4410 SR 31	
STREET ADDRESS		PUNTA GORDA FL	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sharon Seiler
1.3 STREET ADDRESS	3030 NE 30th St
1.4 CITY-ST-ZIP	OCALA, FL 34479
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jay Shaw
2.3 STREET ADDRESS	7090 Amesbury Avenue
2.4 CITY-ST-ZIP	Cocoa, FL 32927
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LeAnne Sullivan
3.3 STREET ADDRESS	13851 SW 24th St
3.4 CITY-ST-ZIP	DAVIE, FL 33325
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dee Goolsby
4.3 STREET ADDRESS	3787 W. Hwy 318
4.4 CITY-ST-ZIP	Citra, FL 32113
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cliff Goolsby
5.3 STREET ADDRESS	3787 W. Hwy 318
5.4 CITY-ST-ZIP	Citra, FL 32113
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Stanley Bronson
6.3 STREET ADDRESS	Rt. 1, Box 803
6.4 CITY-ST-ZIP	Moore Haven, FL 33471

14. I 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, on an attachment with an address.

SIGNATURE: *Dee Goolsby* Application Secretary DATE: **3-2-98** (352)
732-5466

CFR2037 (1097)