

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90190 007 ****61.50

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17235

1. Corporation Name

FLORIDA JUNIOR RODEO ASSOCIATION, INC.

Principal Place of Business

3787 W HWY 318
CITRA FL 32113
US

Mailing Address

3787 W HWY 318
CITRA FL 32113
US

1921 Hiatus Rd.



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 DAVIE, FL
23 City & State

2a. Mailing Address

26 3787 W. Hwy 318
27 Citra, FL
28 City & State

3. Date Incorporated or Qualified

10/09/1986

4. FEI Number

59-2827988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip 33325 25 Country

29 Zip 32113 30 Country

9. Name and Address of Current Registered Agent

GOOLSBY, DEE
3787 W HWY 318
CITRA FL 32113

10. Name and Address of New Registered Agent

81 Name Sheri Gornito
82 Street Address (P.O. Box Number is Not Acceptable)
1921 Hiatus Rd.
83 DAVIE, FL
84 City

FL 85 Zip Code 33325

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input checked="" type="checkbox"/>
NAME	SIELER, SHARON	
STREET ADDRESS	3030 N E 30TH ST	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	VP	DELETE <input checked="" type="checkbox"/>
NAME	SHAW, JAY	
STREET ADDRESS	7090 AMESBURY AVE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	ST	DELETE <input type="checkbox"/>
NAME	SULLIVAN, LEANNE	
STREET ADDRESS	13851 S.W. 26TH ST	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	ST	DELETE <input checked="" type="checkbox"/>
NAME	GOOLSBY, DEE	
STREET ADDRESS	3787 W HWY 318	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	GOOLSBY, CLIFF	
STREET ADDRESS	3787 W HWY 318	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	BRONSON, STANLEY	
STREET ADDRESS	RT 1, BOX 803	
CITY-ST-ZIP	MOORE HAVEN FL 33471	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P. Cliff Goolsby	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS	3787 W. Hwy 318	
1.4 CITY-ST-ZIP	Citra, FL 32113	
2.1 TITLE	VP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	Steve Sullivan	
2.3 STREET ADDRESS	13851 SW 26th St.	
2.4 CITY-ST-ZIP	DAVIE, FL 33325	
3.1 TITLE	ST	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS	Same	
3.4 CITY-ST-ZIP		
4.1 TITLE	ST	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	Sheri Gornito (Gornito)	
4.3 STREET ADDRESS	1921 Hiatus Rd.	
4.4 CITY-ST-ZIP	DAVIE, FL 33325	
5.1 TITLE	P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	Jay Shaw	
5.3 STREET ADDRESS	7090 Amesbury Ave.	
5.4 CITY-ST-ZIP	Cocoa, FL 32927	
6.1 TITLE	P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	Bryan Rice	
6.3 STREET ADDRESS	1585 NE Hwy 315	
6.4 CITY-ST-ZIP	Fort McCoy FL 32134	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Signature) 4-15-99 352-59148