


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N30130 1. Entity Name FULLTRACK CONSERVATION CLUB OF DADE COUNTY, INC.	
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Principal Place of Business C/O ALBERT BRYAN 6510 SW 29 ST MIAMI, FL 33155 US	Mailing Address C/O ALBERT BRYAN 6510 SW 29 ST MIAMI, FL 33155 US
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07062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0109752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRYAN, ALBERT G 6510 SW 29 ST MIAMI, FL 33155
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRYAN, ALBERT 6510 SW 29 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NEWELL, NORM L 7000 SW 77 PL MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GONZALEZ, UBALDO 650 E 7 AV HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOTSHALL, RICHARD 5801 MAYO ST HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RUDDY, NEIL 14241 SW 20 ST FORT LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000768782
07/16/07-80001-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X  7-14-07 305-588-9910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #