
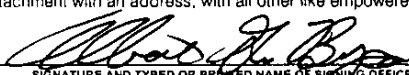


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90329 021 \*\*\*\*61.25

<b>DOCUMENT # N30130</b> 1. Entity Name <b>FULLTRACK CONSERVATION CLUB OF DADE COUNTY, INC.</b>					
Principal Place of Business <b>C/O ALBERT BRYAN</b> <b>6510 SW 29 ST</b> <b>MIAMI, FL 33155 US</b>			Mailing Address <b>C/O ALBERT BRYAN</b> <b>6510 SW 29 ST</b> <b>MIAMI, FL 33155 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BRYAN, ALBERT G</b> <b>6510 SW 29 ST</b> <b>MIAMI, FL 33155</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, ALBERT			NAME	
STREET ADDRESS	6510 SW 29 ST			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, NORM L			NAME	
STREET ADDRESS	7000 SW 77 PL			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33143			CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, UBALDO			NAME	
STREET ADDRESS	650 E 7 AV			STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33010			CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTSHALL, RICHARD			NAME	
STREET ADDRESS	5801 MAYO ST			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33023			CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDDY, NEIL			NAME	TD
STREET ADDRESS	14241 SW 20 ST			STREET ADDRESS	JOHN ROSIER
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325			CITY-ST-ZIP	14775 SW 18 CT DAVIE FL 33325
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	