

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

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N34012

1. Entity Name
BROKEN SPOKE CLUB, INC.



Principal Place of Business
**2900 APALACHEE PARKWAY
A-302
TALLAHASSEE, FL 32399**

Mailing Address
**2900 APALACHEE PARKWAY
A-302
TALLAHASSEE, FL 32399**



01122007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-6139701

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASTLEBERRY, RONALD W
FHP
2900 APALACHEE PARKWAY, A-302
TALLAHASSEE, FL 32399**

**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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CH
NAME	STRICKLAND, JAMES M
STREET ADDRESS	18290 BLUE STAR MEMORIAL HIGHWAY
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	ST
NAME	CASTLEBERRY, RONALD W
STREET ADDRESS	2900 APALACHEE PKWY., A-302
CITY-ST-ZIP	TALLAHASSEE, FL 32399
TITLE	D
NAME	COX, JAMES H
STREET ADDRESS	2900 APALACHEE PKWY., A-302
CITY-ST-ZIP	TALLAHASSEE, FL 32399
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000589302
01/18/07-80010-020 70.00

**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: *Ronald W Castleberry* RONALD W CASTLEBERRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-07 850-245-7700
Date Daytime Phone

EXT 230