

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
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**



04152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6139701	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$8.75 Additional Fee Required

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000904995
05/01/08-80035-012 70.00

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	

**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** 4-15-08 880-617-2301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #