

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34012

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: BROKEN SPOKE CLUB, INC.

## Current Principal Place of Business:

2900 APALACHEE PARKWAY  
A-302  
TALLAHASSEE, FL 32399

## Current Mailing Address:

2900 APALACHEE PARKWAY  
A-302  
TALLAHASSEE, FL 32399

## New Principal Place of Business:

2900 APALACHEE PARKWAY  
A-315  
TALLAHASSEE, FL 32399

## New Mailing Address:

2900 APALACHEE PARKWAY  
A-315  
TALLAHASSEE, FL 32399

FEI Number: 59-6139701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

CASTLEBERRY, RONALD W  
FHP  
2900 APALACHEE PARKWAY, A-315  
TALLAHASSEE, FL 32399 US

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.

SIGNATURE:

01/07/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CH ( ) Delete  
Name: STRICKLAND, JAMES M  
Address: 18290 BLUE STAR MEMORIAL HIGHWAY  
City-St-Zip: QUINCY, FL 32351

Title: ST ( ) Delete  
Name: CASTLEBERRY, RONALD W  
Address: 2900 APALACHEE PKWY., A-302  
City-St-Zip: TALLAHASSEE, FL 32399

Title: D ( ) Delete  
Name: COX, JAMES H  
Address: 2900 APALACHEE PKWY., A-302  
City-St-Zip: TALLAHASSEE, FL 32399

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: CASTLEBERRY, RONALD W  
Address: 2900 APALACHEE PKWY., A-315  
City-St-Zip: TALLAHASSEE, FL 32399

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD W. CASTLEBERRY

ST

01/07/2009

Electronic Signature of Signing Officer or Director

Date