2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State
01-19-2007 90037 011 ****70.00

DOCUMENT # N37034

1. Entity Name
OKEEHEELEE BMX PARENTS COUNCIL INC.

Principal Place of Business	Mailing Address
7500 FORESTHILL BLVD WEST PALM BEACH, FL 33415	PO BOX 542542 GREENACRES, FL 33454 US

01162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. BOX 211652
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Royal Palm Bch., FL
Zip / Country	Zip: 33411 / Country: Palm Bch

4. FEI Number: 65-0164647 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRELL, MARK 719 SOUTH CLEARY ROAD WEST PALM BEACH, FL 33412	Name: MITCH HORNE Street Address (P.O. Box Number is Not Acceptable): 1401 WYNDCLIFF DR. City: Wellington, FL Zip Code: 33414

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] Mitchell Horne True Director 1/16/07
(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, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BYRON, KIMBERLY 1005 67TH PLACE NORTH WEST PALM BEACH, FL 33412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Kimberly Byron 11065 67th PL N. West Palm Bch, FL 33412	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRELL, MARK 719 SOUTH CLEARY ROAD WEST PALM BEACH, FL 33413	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Track Director MITCH HORNE 1401 Wyndcliff Dr. Wellington, FL 33414	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROWN, ROBYN 14843 APRIL DRIVE LOXAHATCHEE, FL 33470	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROBYN BROWN 14843 April Drive Loxahatchee FL 33470	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAVARESE, RENEE 4420 122ND DRIVE NORTH ROYAL PALM BEACH, FL 33411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT Dennis Neubauer 719 S. Cleary Rd. West Palm Bch. FL 33413	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOCKLEAR, THERESA 12535 TEMPLE BLVD WEST PALM BEACH, FL 33412	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLERK OF COURSE Theresa Locklear 12838 Temple Blvd. West Palm Bch., FL 33412	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Jennifer Helmn 1391 Riverside Cr. Wellington, FL 33413	☐ Change ☑ Addition

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: [signature] 1/16/07 561-718-3352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #