2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37034

FILED Apr 30, 2008 Secretary of State

Entity Name: OKEEHEELEE BMX PARENTS COUNCIL INC.

Current Principal Place of Business:					New Principal Place of Business:				
7500 FORE	- ESTHILL BLVD .M BEACH, FL								
Current Mailing Address:					New Mailing Address:				
PO BOX 21 ROYAL PA	11652 LM BEACH, FL	. 33411	US						
FEI Number: 65-0164647 FEI Number Applied For ()			r Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()					
Name and	Address of Cu	ırrent Reg	istered Agent:		Name and	Address of I	New Reg	istered Ag	gent:
	IITCH DCLIFF DR .M BEACH, FL	33414	US						
The above in the State	named entity so of Florida.	ubmits this	statement for the pu	irpose o	f changing it	ts registered o	office or re	egistered a	agent, or both,
SIGNATUR	RE:								
	Electroni	c Signature	of Registered Ager	nt				Date	
OFFICERS	AND DIRECT	ORS:			ADDITION	S/CHANGES	TO OFF	ICERS AN	ID DIRECTORS:
Title: Name: Address: City-St-Zip:	T () I BYRON, KIMBER 11065 67TH PL I WEST PALM BE	٧	112		Title: Name: Address: City-St-Zip:	T (X CORRADO, DA 268 MULBERR ROYAL PALM	Y GROVE	ROAD	
Title: Name: Address: City-St-Zip:	D () I HORNE, MITCH 1401 MYNDCLIF WELLINGTON, F				Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	P () I BROWN, ROBYN 14843 APRIL DR LOXAHATCHEE,	RIVE			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	V () I NEWBAUER, DE 719 S CLEARY F WEST PALM BE	RD	113		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	S () I LOCKUAR, THEF 12535 TEMPLE WEST PALM BE	BLVD	112		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	S () I MELVIN, JENNIF 1391 RIVERSIDE WEST PALM BE	ECR	113		Title: Name: Address: City-St-Zip:	() Change() Addition	

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: DAWN CORRADO T 04/30/2008