


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90090 008 ****61.25

DOCUMENT # N50864 1. Entity Name SOUTHERN GOLD STAR DODGE DEALERS ADVERTISING ASSOCIATION, INC.					
Principal Place of Business 4 BRADLEY PARK CT STE 120 COLUMBUS, GA 31904 US			Mailing Address 4 BRADLEY PARK CT STE 120 COLUMBUS, GA 31904 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3149687	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, CHRIS 3000 N. MAIN ST GAINESVILLE, FL 32609			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, CHRIS		NAME	Urban, Chuck	
STREET ADDRESS	3000 N MAIN ST		STREET ADDRESS	3987 W. Tennessee St.	
CITY - ST - ZIP	GAINESVILLE, FL 32609		CITY - ST - ZIP	Tallahassee, FL 32304	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHALAK, MICHAEL		NAME		
STREET ADDRESS	299 CYPRESS GARDENS BLVD		STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN, FL 33880		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCK, HOWARD		NAME		
STREET ADDRESS	7233 BLANDING BLVD		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32244		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, TOM		NAME		
STREET ADDRESS	6381 AIRPORT PULLING RD NORTH		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34109		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MIKE		NAME		
STREET ADDRESS	4101 W COLONIAL DR		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BOB JR		NAME		
STREET ADDRESS	11945 N FLORIDA AVE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			3/1/05 Date Daytime Phone #		
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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