

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90018 006 \*\*\*\*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

**DO NOT WRITE IN THIS SPACE**



03022006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
59-3149687

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHRIS  
3000 N. MAIN ST  
GAINESVILLE, FL 32609

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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, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, CHRIS 3000 N MAIN ST GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHALAK, MICHAEL 299 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCK, HOWARD 7233 BLANDING BLVD JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, TOM 6381 AIRPORT PULLING RD NORTH NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, MIKE 4101 W COLONIAL DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, BOB JR 11945 N FLORIDA AVE TAMPA, FL

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chris Smith Treas. 3/8/06 352 372-7343

ATTACHMENT

40034921

~~#N50864~~

ADDITIONAL DIRECTOR:

D  
CHUCK URBAN  
3987 W. TENNESSEE STREET  
TALLAHASSEE, FL 32304