

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

**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**



02282007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
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 \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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03/19/07-80024-012 61.25

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

3/5/07

Date

Daytime Phone #