

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003854

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: DAVIE RODEO ASSOCIATION, INC.

**Current Principal Place of Business:**

13851 SW 26 STREET  
DAVIE, FL 33325 US

**New Principal Place of Business:**

**Current Mailing Address:**

20253 SW 52 PLACE  
FORT LAUDERDALE, FL 33332 US

**New Mailing Address:**

FEI Number: 65-0483595      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOMEZ, ALBERT  
315 SW 48 COURT  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

WEEKLEY, TROY JR  
6021 SW 173 WAY  
SOUTHWEST RANCHES, FL 33331 US

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.

SIGNATURE: TROY WEEKLEY JR

01/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GOMEZ, ALBERT  
Address: 315 SW 48 COURT  
City-St-Zip: MIAMI, FL 33134 US

Title: V ( ) Delete  
Name: WEEKLEY, TROY JR  
Address: 6021 SW 173 WAY  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: S ( ) Delete  
Name: SULLIVAN, LEANNE  
Address: 13851 SW 26 STREET  
City-St-Zip: DAVIE, FL 33325

Title: T (X) Delete  
Name: CULLIGAN, KIM  
Address: 20253 SW 52 PLACE  
City-St-Zip: FT LAUDERDALE, FL 33332

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WEEKLEY, TROY JR  
Address: 6021 SW 173 WAY  
City-St-Zip: SOUTHWEST RANCHES, FL 33331 US

Title: S (X) Change ( ) Addition  
Name: SULLIVAN, LEANNE  
Address: 13851 SW 26 STREET  
City-St-Zip: DAVIE, FL 33325

Title: T (X) Change ( ) Addition  
Name: CULLIGAN, KIM  
Address: 20253 SW 52 PLACE  
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TROY WEEKLEY JR

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date