

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90235 041 ****61.25

DOCUMENT # N93000003983						
1. Entity Name FLORIDA REDNECK GOATROPER ASSOCIATION, INC.						
Principal Place of Business 110 S PEBBLE BEACH BLVD SUN CITY CENTER, FL 33573 US			Mailing Address P.O BOX 903 RUSKIN, FL 33575 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 59-3182469		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable		
6. Name and Address of Current Registered Agent NYMARK, DENNIS V 110 S PEBBLE BEACH BLVD. SUN CITY CENTER, FL 33573				7. Name and Address of New Registered Agent 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 SD	NAME COLLINS, MARTY		<input checked="" type="checkbox"/> Delete	TITLE D	NAME Collins, Marty	
STREET ADDRESS 2123 36TH ST. SE	CITY-ST-ZIP RUSKIN, FL 33570			STREET ADDRESS 2123 36th St. SE	CITY-ST-ZIP Ruskin, FL 33570	
TITLE VD	NAME FUQUA, DALE		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS SAME	
STREET ADDRESS 2610 U.S. 41 S	CITY-ST-ZIP RUSKIN, FL 33570			STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP 	
TITLE D	NAME VANCE, CHARLES		<input checked="" type="checkbox"/> Delete	TITLE SD	NAME Covello, Joe	
STREET ADDRESS 311 FRANCIS DR.	CITY-ST-ZIP APOLLO BEACH, FL 33572			STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP 34223 4062 Pelican Shores Cir. Englewood, FL	
TITLE PD	NAME LANIER, LANCE		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS SAME	
STREET ADDRESS 1219 SWEENEY DR.	CITY-ST-ZIP RUSKIN, FL 33570			STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP 	
TITLE TD	NAME STICKLE, TOM		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS SAME	
STREET ADDRESS 3609 WILLOW RD	CITY-ST-ZIP WIMAUMA, FL 33598			STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP 	
TITLE D	NAME BOLEYN, PAUL		<input checked="" type="checkbox"/> Delete	TITLE D	NAME Badgerow, Art	
STREET ADDRESS P.O. BOX 720	CITY-ST-ZIP MANGO, FL 33550			STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP 1402 Badgerow Place Ruskin, FL 33570	
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: <i>Thomas W. Stickle</i>				4-19-05 813 781-6905		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		