2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# N93000003983

Entity Name: FLORIDA REDNECK GOATROPERS ASSOCIATION, INC.

Current Principal Place of Business:

110 S PEBBLE BEACH BLVD
SUN CITY CENTER, FL 33573 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 903
RUSKIN, FL 33575 US

New Mailing Address:

FEI Number: 59-3182469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NYMARK, DENNIS V
110 S PEBBLE BEACH BLVD.
SUN CITY CENTER, FL 33573 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CAMUS, MIKE	
Address:	2211 33RD ST SE	
City-St-Zip:	RUSKIN, FL 33570	
Title:	PRES	( ) Delete
Name:	BUNTING, MIKE	
Address:	5432 BONITA DR	
City-St-Zip:	WIMAUMA, FL 33598	
Title:	SEC	( ) Delete
Name:	COVELLO, JOE	
Address:	2000 MAGNOLIA AVE	
City-St-Zip:	ENGLEWOOD, FL 34223	
Title:	D	( ) Delete
Name:	TRAVIS, BOYD	
Address:	15826 WEST LAKE DRIVE	
City-St-Zip:	WIMAUMA, FL 33598	
Title:	D	( ) Delete
Name:	HENRY, CARUTHERS	
Address:	401 11TH STREET	
City-St-Zip:	RUSKIN, FL 33570	
Title:	TRES	( ) Delete
Name:	WALKER, ROBERT	
Address:	2814 30TH ST SE	
City-St-Zip:	RUSKIN, FL 33570	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOSEPH R. COVELLO SEC. 01/21/2008

Electronic Signature of Signing Officer or Director — Date