

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000692

FILED
Apr 26, 2005
Secretary of State

Entity Name: FLORIDA STATE RALLY, INC.

Current Principal Place of Business:

% CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

% CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 65-0727400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: LEDTERMAN, VALERIE
Address: 3700 W. JUNEAU AVE
City-St-Zip: MILWAUKEE, WI 53201

Title: P () Delete
Name: FULLER, BRUCE
Address: 5686 TRIMBLE PARK ROAD
City-St-Zip: TANGERINE, FL 32777 US

Title: S () Delete
Name: FULLER, NOVA
Address: 5686 TRIMBLE PARK ROAD
City-St-Zip: TANGERINE, FL 32777 US

Title: T () Delete
Name: TURNER, TRACY
Address: 17440 WOODFAIR DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: D () Delete
Name: GRAY, DAVID
Address: 3700 W. JUNEAU AVENUE
City-St-Zip: MILWAUKEE, WI 532010453

Title: D () Delete
Name: MOTTA, BRUCE
Address: 3700 W. JUNEAU AVENUE
City-St-Zip: MILWAUKEE, WI 532010453

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: T (X) Change () Addition
Name: PIKORA, JAMES
Address: 240 VALLEY EDGE DR.
City-St-Zip: MINNEOLA, FL 34715 US

Title: D (X) Change () Addition
Name: BEAMAN, ARNIE
Address: 3700 W. JUNEAU AVENUE
City-St-Zip: MILWAUKEE, WI 532010453

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE FULLER

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date