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May 04 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N97000002147

1. Corporation Name

**SOUTH FLORIDA BARREL RACERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**7230 Garfield Street  
Hollywood, FL 33024**

3. Date Incorporated or Qualified

**April 15, 1997**

4. FEI Number

**65-0768796**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

**c/o 1120 E. Hallandale**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

**Beach Blvd.**

City & State

City & State

23

28

**Hallandale, FL**

Zip

Country

Zip

Country

24

25

29

**33009**

30

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MITCHELL D. KLEIN, ESQ  
1120 E. Hallandale Beach Blvd.  
Hallandale, FL 33009**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**President**

**Patricia Murphy**

**7230 Garfield Street**

**Hollywood, FL 33024**

**VPD**

**Debbie Wallace**

**11490 N. W. 23 Street**

**Plantation, FL 33323**

**SD**

**Knoblock, Valerie**

**5196 S. W. 90 Avenue**

**Cooper City, FL 33328**

**SD**

**Bias, Dianna**

**1120 E. Hallandale Beach Blvd**

**Hallandale, FL 33009**

**D**

**Dawe, Jim**

**4755 S. W. 65 Avenue, #3**

**Davie, FL 33314**

**TD**

**Humphreys, Susan**

**3233 S. W. 62 Avenue**

**Davie, FL 33314**

**300002510833**

**-05/05/98--01061--015**

**\*\*61.25**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Patricia Waters Murphy*

4/21/98

(954) 987-9086

Date

Daytime Phone #

CR2E037 (10/97)