

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90367 010 ****61.25



DOCUMENT # N97000007233
1. Entity Name
SUNCOAST BARREL RACERS ASSOC., INC.
Change to below

Principal Place of Business Mailing Address
**3922 BRANTFORD RD
NEW SMYRNA BEACH FL 32169** **3922 BRANTFORD RD
NEW SMYRNA BEACH FL 32169**



2. Principal Place of Business 3. Mailing Address
1045 Whispering Creek Way *1045 Whispering Creek Way*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Osteen *Osteen*
Zip Country Zip Country
FL *32764* *FL* *32764*

1st MOORE CR2E037 (10/05)
4. FEI Number **59-3484949** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HOPE, CAROLYN
3922 BRANFORD RD
NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent
Name *Bobbi Scott*
Street Address (P.O. Box Number is Not Acceptable)
1045 Whispering Creek Way
City *Osteen* FL Zip Code *32764*

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 *Bobbi Scott (Bobbi Scott)* DATE *April 12, 2006*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOPE, CAROLYN 3922 BRANFORD RD NEW SMYRNA BCH. FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETTIS, TAMMI 1045 WHISPERING CREEK WAY OSTEEN FL 32764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, BOBBI 1045 WHISPERING CREEK WAY OSTEEN FL 32764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEYSER, DIANE 1220 WHISPERING PINE NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, SHELLY 3620 LETTUCEL LANE NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERSON, NIKKI 3633 PEPPER LANE NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bobbi Scott 1045 whispering creek way Osteen, Fla. 32764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Bobbi Scott (Bobbi Scott)* DATE: *4/12/06* *107-304-4495*