

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007233

FILED
Apr 14, 2008
Secretary of State

Entity Name: SUNCOAST BARREL RACERS ASSOC., INC.

Current Principal Place of Business:

1045 WHISPERING CREEK WAY
OSTEEN, FL 32764

New Principal Place of Business:

Current Mailing Address:

1045 WHISPERING CREEK WAY
OSTEEN, FL 32764

New Mailing Address:

FEI Number: 59-3484949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, BOBBI
1045 WHISPERING CREEK WAY
OSTEEN, FL 32764 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: P () Delete
Name: PETTIS, TAMMI
Address: 1045 WHISPERING CREEK WAY
City-St-Zip: OSTEEN, FL 32764

Title: V () Delete
Name: WEAVER, SHELLY
Address: 3620 LETTUCE LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: SCOTT, BOBBI
Address: 1045 WHISPERING CREEK WAY
City-St-Zip: OSTEEN, FL 32764

Title: D () Delete
Name: KEYSER, DIANE
Address: 1220 WHISPERING PINE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: WITHEY, TONI
Address: 360 WEST SAMSULA DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S () Delete
Name: SCOTT, BOBBI
Address: 1045 WHISPERING CREEK WAY
City-St-Zip: OSTEEN, FL 32764

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: BOBBI SCOTT

S

04/14/2008

Electronic Signature of Signing Officer or Director

Date