2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

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Entity Name: FLORIDA MOPAR ASSOCIATION, INCORPORATED

Current Principal Place of Business:

271 DORADO AVE NE
PALM BAY, FL 32907

New Principal Place of Business:

601 MILAN DRIVE
KISSIMMEE, FL 34758

Current Mailing Address:

C/O FMA
P.O. BOX 486
EAGLE LAKE, FL 338390486

New Mailing Address:

FEI Number: 59-3573669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURLEW, TINA
271 DORADO AVE NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

SENKOW, ANITA
601 MILAN DRIVE
KISSIMMEE, FL 34758 US

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: ANITA SENKOW 04/13/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: BURLEW, TINA D
Address: 270 DORADO AVE NE
City-St-Zip: PALM BAY, FL 32907

Title: SD ( ) Delete
Name: BURLEW, KIMBERLY
Address: 1947 OLYMPIA AVE SW
City-St-Zip: PALM BAY, FL 32908

Title: TD ( ) Delete
Name: SENKOW, ANTE
Address: P.O. BOX 460
City-St-Zip: INTERESSION CITY, FL 33848

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: MORTON, JACK
Address: 204 E. VIRGINIA AVE
City-St-Zip: TAMPA, FL 33603

Title: SD (X) Change ( ) Addition
Name: LEWIS, FRED
Address: 3250 RAMBLER AVE
City-St-Zip: ST. CLOUD, FL 32839

Title: TD (X) Change ( ) Addition
Name: SENKOW, ANITA
Address: P.O. BOX 460
City-St-Zip: INTERCESSION CITY, FL 33848

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: JACK MORTON CD 04/13/2005
Electronic Signature of Signing Officer or Director Date