2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
May 05, 2005 8:00 am
Secretary of State
04-06-2005 90108 022 ****61.25

DOCUMENT # N98000005501

1. Entity Name

SOUTHERN JUNIOR RODEO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11202 REGISTER FARM RD TALLAHASSEE FL 32311 US 10382 FL GA Hwy	11202 REGISTER FARM RD TALLAHASSEE FL 32311 US 10382 FL GA Hwy

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
~~Route 1 Box 267-C~~	~~Route 1 Box 267C~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Havana FL	Havana FL
City & State: ~~Hoboken GA~~	City & State: ~~Hoboken GA~~ FL
Zip: ~~31542~~ 32333	Zip: ~~31542~~
Country: ~~US~~ US	Country: ~~US~~ US

4. FEI Number: 59-3533442 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, NANNIE
11202 REGISTER FARM RD
TALLAHASSEE FL 32305

7. Name and Address of New Registered Agent

Name: ~~Audry Thornton~~ Wayne Whidden

Street Address (P.O. Box Number is Not Acceptable): 10382 FL GA Hwy

~~Route 1 Box 267C~~ FL 32333

City: ~~Hoboken~~ Havana ~~GA~~ FL Zip Code: 31542

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: Audry Thornton 3/30/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHIDDON, WAYNE 10382 FL GA HWY HAVANA FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WOJCIECHOWSKI, TODD 3550 SW 58TH ST. OCALA FL 34482	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WOJCIECHOWSKI, CINDY 3550 SW 58TH ST. OCALA FL 34482	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THORNTON, AUDREY RT 1, BOX 267C HOBOKEN GA 31542	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT THOMAS, ANGIE RT 1, BOX 201 HOBOKEN GA 31542	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS WOODWARD, NANNIE 11202 REGISTER FARM ROAD TALLAHASSEE FL 32305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: Audry Thornton Audry Thornton 3/30/05 912-286-4714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #