

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704644

FILED
Mar 16, 2009
Secretary of State

Entity Name: PASCO TROTting AND PACING ASSOCIATION, INC.

Current Principal Place of Business:

9553 OLD LAKEland HWY
DADE CITY, FL 335251449 US

New Principal Place of Business:

Current Mailing Address:

37916 ASHBROOK RD
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 59-2349454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORE, BONNIE
9553 OLD LAKEland HWY
DADE CITY, FL 33525 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: D () Delete
Name: SMITH, BOB
Address: 202 S. COLUMBUS DR.
City-St-Zip: WEST LIBERTY, IA 52776

Title: D () Delete
Name: NEALSON, DAVE
Address: 5488 HWY 22 SE
City-St-Zip: LONE TREE, IA 52755

Title: VP () Delete
Name: FAHY, ED
Address: 34100 HWY 54 W
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: D () Delete
Name: RITTER, JAMES
Address: 3449 N CR 350 W
City-St-Zip: GREENCASTLE, IN 46135

Title: P () Delete
Name: DE SILVA, RON
Address: 37916 ASHBROOK RD
City-St-Zip: DADE CITY, FL 33525

Title: T () Delete
Name: CORE, BONNIE
Address: 9553 OLD LAKEland HWY
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HAYNES, JANET
Address: 4718-221 STREET N
City-St-Zip: PORT BYRON, IL 61275

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MULLER, HOBE
Address: 368 RIFE RD.
City-St-Zip: BERLIN, PA 17316

Title: D (X) Change () Addition
Name: TODD, GERALD
Address: 12519 ST.RD. 90
City-St-Zip: LOCHE, NY 13092

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: BONNIE CORE

T

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date