

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712132

FILED
Feb 18, 2009
Secretary of State

Entity Name: FLORIDA WALKING AND RACKING HORSE ASSOCIATION, INC.

Current Principal Place of Business:

17127 9TH STREET
MONTVERDE, FL 34756 US

New Principal Place of Business:

Current Mailing Address:

17127 9TH STREET
MONTVERDE, FL 34756 US

New Mailing Address:

FEI Number: 59-1574599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KESSELRING, KASEY
17127 9TH STREET
MONTVERDE, FL 34756 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: T () Delete
Name: VAN DE WALKER, JANE
Address: 12791 CR 753
City-St-Zip: WEBSTER, FL 33597

Title: D () Delete
Name: ANDERSON, KATHY
Address: 2415 HWY. 64 EAST
City-St-Zip: SHELBYVILLE, TN 37160

Title: D () Delete
Name: CONKLE, WAYNE
Address: P.O. BOX 1479
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: KESSERLING, KASEY
Address: 17127 9TH STREET
City-St-Zip: MONTVERDE, FL 34756

Title: S () Delete
Name: WILSON, LAURIE
Address: 1975 NW 114 LOOP
City-St-Zip: OCALA, FL 34475

Title: D () Delete
Name: OSBORN, LEANN
Address: 11126 CRESENT BAY BLVD
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: VAN DE WALKER, JANE
Address: 10791 CR 753
City-St-Zip: WEBSTER, FL 33597

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

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

Title: P (X) Change () Addition
Name: KESSERLING, KASEY
Address: 17127 9TH STREET
City-St-Zip: MONTVERDE, FL 34756

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: JANE E. VAN DE WALKER

T

02/18/2009

Electronic Signature of Signing Officer or Director

Date