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 all other like empowered.

PRESIDENT

SIGNATURE: DAVE SHAW

Electronic Signature of Signing Officer/Director Detail

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.

Officer/Director Detail :

SIGNATURE:

City-State-Zip:

SHAW, DAVE 8020 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653 US

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004383

Entity Name: WEST FLORIDA LIVERY ASSOCIATION, INC.

Current Principal Place of Business:

8020 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653

Current Mailing Address:

8020 MASSACHUSETTS AVENUE NEW PORT RICHEY. FL 34653 US

FEI Number: 59-3027990

Name and Address of Current Registered Agent:

PALM HARBOR FL 34682

Electronic Signature of Registered Agent

Title PD Title VPD SHAW, DAVE REDD, VONN D Name Name Address 8020 MASSACHUSETTS AVENUE Address 3449 24TH PARKWAY City-State-Zip: SARASOTA FL 34682 NEW PORT RICHEY FL 34653 City-State-Zip: Title STD BOESCH, SHERI Name Address P.O. BOX 1206

I hereby 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

03/02/2013

FILED Mar 02, 2013 Secretary of State CC3686337985

Certificate of Status Desired: Yes

Date

Date