


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 701692 1. Entity Name THE FLORIDA HORSEMEN'S ASSOCIATION, INC.	
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FILED
Jun 20, 2008 08:00 AM
Secretary of State

Principal Place of Business 19500 QUARTERLY PKWY ORLANDO, FL 32833	Mailing Address 19500 QUARTERLY PKWY ORLANDO, FL 32833
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DO NOT WRITE IN THIS SPACE

02172008 No Chg-NP		CR2E037 (4/06)
4. FEI Number 16-1767004	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAILLARD, CAROLYN H 19500 QUARTERLY PKWY. ORLANDO, FL 32833	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, JODIE PO BOX 424 LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAKER, JACKIE 104 HERON BAY CIR LAKE MARY, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS PHILLIPS, ELIZABETH 14173 CENTRALIA RD BROOKSVILLE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALLIARD, CAROLYN 19500 QUARTERLY PKWY ORLANDO, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS POOL, CHRISSY 2724 WEST GLEN ST LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000953283

06/20/08-80001-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  CAROLYN H MAILLARD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 6/17/08	Daytime Phone #: 407-383-6194
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