

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701692

FILED
Mar 16, 2009
Secretary of State

Entity Name: THE FLORIDA HORSEMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

19500 QUARTERLY PKWY
ORLANDO, FL 32833

New Principal Place of Business:

Current Mailing Address:

19500 QUARTERLY PKWY
ORLANDO, FL 32833

New Mailing Address:

FEI Number: 16-1767004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAILLARD, CAROLYN H
19500 QUARTERLY PKWY.
ORLANDO, FL 32833 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: P () Delete
Name: MOORE, JODIE
Address: PO BOX 424
City-St-Zip: LECANTO, FL 34461

Title: VP () Delete
Name: BAKER, JACKIE
Address: 104 HERON BAY CIR
City-St-Zip: LAKE MARY, FL 32446

Title: RS () Delete
Name: PHILLIPS, ELIZABETH
Address: 14173 CENTRALIA RD
City-St-Zip: BROOKSVILLE, FL 34614

Title: T () Delete
Name: MALLIARD, CAROLYN
Address: 19500 QUARTERLY PKWY
City-St-Zip: ORLANDO, FL 32833

Title: CS () Delete
Name: POOL, CRISSY
Address: 2724 WEST GLEN ST
City-St-Zip: LECANTO, FL 34461

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DUVAL, HAROLD
Address: 18501 LAKE ROAD
City-St-Zip: ALTOONA, FL 32702

Title: VP (X) Change () Addition
Name: MAILLARD, WES
Address: 19500 QUARTERLY PKWY
City-St-Zip: ORLANDO, FL 32833

Title: T (X) Change () Addition
Name: MAILLARD, CAROLYN
Address: 19500 QUARTERLY PKWY
City-St-Zip: ORLANDO, FL 32833

Title: DIR (X) Change () Addition
Name: RAMSAY, MARIS
Address: 13209 CR 561A
City-St-Zip: CLERMONT, FL 34715

Title: DIR (X) Change () Addition
Name: SCOTT-JONES, SHELLEY
Address: 928 HOUSTON VALLEY RD
City-St-Zip: TUNNEL HILL, GA 30755

Title: DIR () Change (X) Addition
Name: WALKER, DEBORAH
Address: 11240 SW 27TH AVENUE
City-St-Zip: Ocala, FL 34476

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: CAROLYN H MAILLARD

T

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date