

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 708633

FILED
Dec 14, 2009
Secretary of State

Entity Name: LEON COUNTY HORSEMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

HORSEMEN'S ASSOCIATION RD.
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7564
TALLAHASSEE, FL 323147564

New Mailing Address:

FEI Number: 59-2396091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, MICHAEL A
2805 TIPPERARY DRIVE
TALLAHASSEE, FL 32309 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: MICHAEL A. RAMOS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FREEMAN, PAMELA
Address: 86 WILDFLOWER LN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: GUENTER, MARESCHE
Address: 250 WILLOW ST
City-St-Zip: MONTICELLO, FL 32344

Title: S () Delete
Name: MCDEARMID, PRISCILLA
Address: 76 EAST KELLY ROAD
City-St-Zip: HAVANA, FL 32333

Title: T () Delete
Name: RAMOS, MICHAEL
Address: 2805 TIPPERARY DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: BEK, SALLY
Address: 9056 COURTLAND WAY
City-St-Zip: TALLAHASSEE, FL 32311

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FREEMAN, PAMELA
Address: 86 WILDFLOWER LN
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: S (X) Change () Addition
Name: ANDREWS, ROBBIE
Address: 145 SUNSET LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: P (X) Change () Addition
Name: HAMILTON, KEITH
Address: 3436 WOODHILL DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP () Change (X) Addition
Name: SPARKS, JOHN
Address: 9204 WARBLER STREET
City-St-Zip: TALLAHASSEE, FL 32305

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: MICHAEL A. RAMOS

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12/14/2009

Electronic Signature of Signing Officer or Director

Date