

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708633

FILED
Feb 02, 2011
Secretary of State

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

Current Principal Place of Business:

188 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: RAMOS, MICHAEL A
Address: 2805 TIPPERARY DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: MCDEARMID, PRISCILLA
Address: 76 E. KELLY RD
City-St-Zip: HAVANA, FL 32333

Title: S
Name: KELLY, ANNE
Address: 228 LEE MILLER ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T
Name: EDENFIELD, CHARLOTTE
Address: 3181 CHAIRES CROSS ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP
Name: HAMILTON, KEITH
Address: 13290 N. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: P
Name: SADBERRY, RICHARD
Address: 7117 BLUEBERRY HILL RD
City-St-Zip: TALLAHASSEE, FL 32303

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 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.

SIGNATURE: CHARLOTTE EDENFIELD

T

02/02/2011

Electronic Signature of Signing Officer or Director

Date