


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90022 049 \*\*\*\*61.25

<b>DOCUMENT # 709214</b>	
<b>1. Entity Name</b> WESTERN HORSESHOW ASSOCIATION OF FLORIDA	

<b>Principal Place of Business</b> TROPICAL PARK 7900 SW 40TH ST MIAMI FL 33155 US	<b>Mailing Address</b> 19253 SW 137 AVENUE MIAMI FL 33177 US
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MOORE CR2E037 (11/03)

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 10501 SW 64 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> MIAMI, FL	
<b>Zip</b> 33156	<b>Country</b> US	<b>Zip</b> 33156	<b>Country</b> US

<b>4. FEI Number</b> NO-T APPLICABLE	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  NORRIS, SHARON 19253 SW 137 AVENUE MIAMI FL 33177	<b>7. Name and Address of New Registered Agent</b> Name <u>SALLY SHAW</u> Street Address (P.O. Box Number is Not Acceptable)  10501 SW 64 AVE City <u>MIAMI</u> <u>FL</u> Zip Code <u>33156</u>
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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** Sally Shaw - SALLY SHAW 04/17/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <b>NAME</b> VALDES, PATTY <b>STREET ADDRESS</b> 18620 SW 134 AVE <b>CITY-ST-ZIP</b> MIAMI FL 33177	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PD <b>NAME</b> SALLY SHAW <b>STREET ADDRESS</b> 10501 SW 64 AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VPD <b>NAME</b> KUEHL, PAT <b>STREET ADDRESS</b> 219 KING AVE <b>CITY-ST-ZIP</b> KEY LARGO FL 33037	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> CANALS-GARCIA, HELENE <b>STREET ADDRESS</b> 19365 SW 128 CT <b>CITY-ST-ZIP</b> MIAMI FL 33177	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> TD <b>NAME</b> CHARLA FURTAK <b>STREET ADDRESS</b> 27225 SW 166 AVE <b>CITY-ST-ZIP</b> HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> NORRIS, SHARON <b>STREET ADDRESS</b> 19235 SW 137 AVENUE <b>CITY-ST-ZIP</b> MIAMI FL 33177	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> CSD <b>NAME</b> PLACEY, DEBBIE <b>STREET ADDRESS</b> 10262 SW 127 PLACE <b>CITY-ST-ZIP</b> MIAMI FL 33186	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b> BARBARA COPPING <b>STREET ADDRESS</b> P.O. BOX 292097 <b>CITY-ST-ZIP</b> DAVIE FL 33329	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> BRANAN, RICK <b>STREET ADDRESS</b> 11708 SW 125 CT <b>CITY-ST-ZIP</b> MIAMI FL 33186	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> LYNN NILES-CONDERMANN <b>STREET ADDRESS</b> 25005 SW 192 AVE <b>CITY-ST-ZIP</b> HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Sally Shaw - SALLY SHAW - PD 04/17/04 954-260-6668  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #