

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713481

FILED
Jan 15, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA HUNTER AND JUMPER ASSOCIATION, INC.

Current Principal Place of Business:

9595 66TH STREET N
PINELLAS PARK, FL 33782 US

New Principal Place of Business:

Current Mailing Address:

9595 66TH STREET N
PINELLAS PARK, FL 33782 US

New Mailing Address:

FEI Number: 59-2889667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, GEORGANN
9595 66TH STREET NORTH
PINELLAS PARK, FL 33782 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: PD () Delete
Name: POWERS, GEORGANN
Address: 9595 66TH STREET N
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: GIBSON, DEBBY
Address: 3200 N.W. 60TH STREET
City-St-Zip: OCALA, FL 32712

Title: D () Delete
Name: DRYER, CONNIE
Address: 1604 53RD STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: FARLEY, EDITH
Address: 12011 WANDSWORTH DR
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: DEVITA, PHILIP A
Address: 1340 GOLD POINT LOOP
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: GEORGANN POWERS

PRES

01/15/2008

Electronic Signature of Signing Officer or Director

Date