## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#729702**

FILED Mar 03, 2008 Secretary of State

Entity Name: FLORIDA MORGAN HORSE ASSOCIATON, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O JAMES M WALLACE 420 - OLD MAIN ST BRADENTON, FL 34205

Current Mailing Address: New Mailing Address:

C/O JAMES M WALLACE 420 - OLD MAIN ST BRADENTON, FL 34205

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALLACE, (JAMES M.) 420-OLD MAIN ST

BRADENTON, FL 34205 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: SPENCER, NINA E Name: GATIEN, KATHLEEN Address: PO BOX 869 Address: 4200 SAUNDERS RD

City-St-Zip: FAIRFIELD, FL 32634 City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: ST () Delete Title: ST (X) Change () Addition Name: BROWN, JANE K Name: SCHLEMMER, FELICIA

 Address:
 5001 SW 20TH ST, #5901
 Address:
 2360 FF MORGAN COVE

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OVIEDO, FL 32765

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JOHNSON, THOMAS
 Name:

 Address:
 18480 GLADES CUT OFF RD
 Address:

 City-St-Zip:
 PORT SAINT LUCIE, FL 34987
 City-St-Zip:

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 BLUE, JANE
 Name:
 BLUE, JANE

 Address:
 96 W COLUMBIA STE 8
 Address:
 10180 SW 67TH CT

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:
 OCALA, FL 34476

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 MCKNIGHT, EVELYN
 Name:
 CONKLIN, LES

 Address:
 18202 NW 140TH ST
 Address:
 430 LOTUS PATH

 City-St-Zip:
 ALACHUA, FL 32615
 City-St-Zip:
 CLEARWATER, FL 33756

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: FELICIA SCHLEMMER ST 03/03/2008