

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729702

FILED
Apr 07, 2009
Secretary of State

Entity Name: FLORIDA MORGAN HORSE ASSOCIATON, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3557021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, (JAMES M.)
420-OLD MAIN ST
BRADENTON, FL 34205 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: GATIEN, KATHLEEN
Address: 4200 SAUNDERS RD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: ST () Delete
Name: SCHLEMMER, FELICIA
Address: 2360 FF MORGAN COVE
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: JOHNSON, THOMAS
Address: 18480 GLADES CUT OFF RD
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: VP () Delete
Name: BLUE, JANE
Address: 10180 SW 67TH CT
City-St-Zip: OCALA, FL 34476

Title: VP () Delete
Name: CONKLIN, LES
Address: 430 LOTUS PATH
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: BROWN, JANE K
Address: 5890 38TH AVE N #A104
City-St-Zip: ST PETERSBURG, FL 33710

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

Title: VP (X) Change () Addition
Name: MC KNIGHT-KARRH, MARGARET
Address: 14201 NW 174TH AVE
City-St-Zip: ALACHUA, FL 32615

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: JANE K BROWN

ST

04/07/2009

Electronic Signature of Signing Officer or Director

Date