2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# 731217

Entity Name: SUNSHINE PASO FINO HORSE ASSOCIATION, INC.

Current Principal Place of Business:

4781 129TH AVE N
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

15666 TEMPLE BOULEVARD
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

4781 129TH AVE N
WEST PALM BEACH, FL 33411 US

New Mailing Address:

15666 TEMPLE BOULEVARD
LOXAHATCHEE, FL 33470 US

FEI Number: 59-2452035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, CAROLYN
4781 129TH AVE N
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

GALLOWAY, PENNY
15666 TEMPLE BOULEVARD
LOXAHATCHEE, FL 33470 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: PENNY GALLOWAY 04/30/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HODGES, BERNADETTE
Address: 11647 67TH PLACE N
City-St-Zip: WEST PALM BEACH, FL 33412

Title: PD ( ) Delete
Name: POWELL, KATHI
Address: 13671 79 COURT N
City-St-Zip: WEST PALM BEACH, FL 33412

Title: SD ( ) Delete
Name: HENWOOD, GLENNA
Address: 4208-D WOODSEDGE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD ( ) Delete
Name: GALLOWAY, PENNY
Address: 15666 TEMPLE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VPD ( ) Delete
Name: BEESON, KATHIE
Address: 13359 MARCELLA BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D ( ) Delete
Name: BAKER, CAROLYN
Address: 4781 129 AVE N
City-St-Zip: WEST PALM BEACH, FL 33411

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:

Title: D (X) Change ( ) Addition
Name: LADICANI, ROBIN
Address: 11274 ACME ROAD□□□□
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLENNA HENWOOD SD 04/30/2004
Electronic Signature of Signing Officer or Director Date