

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90015 032 ****61.25



DOCUMENT # 735228

1. Entity Name
FLORIDA STATE FAIR HORSE SHOW ASSOCIATION, INC.

Principal Place of Business
**4800 U.S. HIGHWAY 301 N.
 P.O. BOX 11766
 TAMPA, FL 33680**

Mailing Address
**4800 U.S. HIGHWAY 301 N.
 P.O. BOX 11766
 TAMPA, FL 33680**



03192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1652704** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOTT, OLIN
 3741 E. HILLSBOROUGH AVENUE
 TAMPA, FL 33614**

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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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME THAYER, STELLA F
 STREET ADDRESS 512 FLA AVE
 CITY-ST-ZIP TAMPA, FL 00000.

TITLE TD + *Vice President*
 NAME MOTT, OLIN
 STREET ADDRESS 3741 E. HILLSBOROUGH AVE
 CITY-ST-ZIP TAMPA, FL

TITLE S
 NAME MARGARET MELOY
 STREET ADDRESS P.O. BOX 37
 CITY-ST-ZIP LUTZ, FL

TITLE VD
 NAME SNOW, MARTIN E
 STREET ADDRESS 6830 CREWS LK RD
 CITY-ST-ZIP LAKE LAND, FL 00000.

TITLE VD
 NAME MISCHÉ, GENE
 STREET ADDRESS 9210 KING PALM DR #112
 CITY-ST-ZIP TAMPA, FL

TITLE D
 NAME THOMAS, ROBERT
 STREET ADDRESS 40 RANCH RD.
 CITY-ST-ZIP THONOTOSASSA, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STELLA THAYER

3/29/07

Date

Daytime Phone #