


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90014 015 ****61.25

DOCUMENT # 735228
 1. Entity Name
FLORIDA STATE FAIR HORSE SHOW ASSOCIATION, INC.



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1652704 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
MOTT, OLIN
3741 E. HILLSBOROUGH AVENUE
TAMPA FL 33614

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required with reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THAYER, STELLA F	
STREET ADDRESS	512 FLA AVE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	MOTT, OLIN	
STREET ADDRESS	3741 E. HILLSBOROUGH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARGARET MELOY	
STREET ADDRESS	P.O. BOX 37	
CITY-ST-ZIP	LUTZ FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SNOW, MARTIN E	
STREET ADDRESS	6830 CREWS LK RD	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MISCHE, GENE	
STREET ADDRESS	9210 KING PALM DR #112	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, ROBERT	
STREET ADDRESS	40 RANCH RD.	
CITY-ST-ZIP	THONOTOSASSA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE MORRISSEY	
STREET ADDRESS	6207 98th St. E	
CITY-ST-ZIP	BRADENTON, FLA. 34202	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATIE PARKER	
STREET ADDRESS	4720 Cypress St.	
CITY-ST-ZIP	TAMPA, FLA. 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT THOMAS	
STREET ADDRESS	40 RANCH RD	
CITY-ST-ZIP	THONOTOSASSA FLA. 33592	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Stella Thayer*

3-26-08