2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#735228

FILED Apr 24, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4800 U.S. I P.O. BOX TAMPA, FI		01 N.	4800 U.S. HIGHWAY TAMPA, FL 33680	′ 301 N.	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
4800 U.S. P.O. BOX TAMPA, FI		01 N.	P.O. BOX 11766 TAMPA, FL 33680		
FEI Number:	: 59-1652704	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
TAMPA, Fl The above	LLSBOROUG L 33614 L	IS	purpose of changing its register	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Ac	jent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Name: Address:	PD (THAYER, STE 512 FLA AVE TAMPA, FL) Delete ILLA F 00000,	Title: Name: Address: City-St-Zip:	() Change() Addition	
Name: Address: City-St-Zip: Title: Name: Address:	THAYER, STÈ 512 FLA AVE TAMPA, FL	LLA F 00000,) Delete MIKE T. E.	Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	THAYER, STE 512 FLA AVE TAMPA, FL VPT (MORRISSEY, 6207 98TH ST BRADENTON,	DLA F 00000,) Delete MIKE T. E. FL 34202) Delete TIE SS ST.	Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	THAYER, STE 512 FLA AVE TAMPA, FL VPT (MORRISSEY, 6207 98TH ST BRADENTON, S (PARKER, KAT 4720 CYPRES TAMPA, FL 3	LLA F 00000,) Delete MIKE E. FL 34202) Delete TIE SS ST. 3607) Delete IE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

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: STELLA F. THAYER PD 04/24/2009