

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741469

FILED
Apr 24, 2008
Secretary of State

Entity Name: SOUTHERN REGIONAL PASO FINO HORSE ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 771618
OCALA, FL 34477

New Principal Place of Business:

SE 150 ST.
SUMMERFIELD, FL 34491

Current Mailing Address:

P.O. BOX 771618
OCALA, FL 34477

New Mailing Address:

SE 150 ST.
SUMMERFIELD, FL 34491

FEI Number: 59-3078883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELL, BONITA L TREASUR
1719 SE 150 ST.
SUMMERFIELD
OCALA, FL 34491 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: PRES () Delete
Name: BALDWIN, CARLA PRES
Address: 5540 W. HWY 329
City-St-Zip: REDDICK, FL 32686

Title: V PS () Delete
Name: VARNEY, ROBIN V.PRES
Address: 1764 NW 73RD TERR.
City-St-Zip: OCALA, FL 34482

Title: TRES () Delete
Name: FELL, BONITA L TRES
Address: 1719 SE 150 ST.
City-St-Zip: SUMMERFIELD, FL 34491

Title: SEC () Delete
Name: KENNEDY, DALE
Address: 7992 NW. 14TH. ST.
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FELL, CLAYTON PRES
Address: 1719 SE 150 ST.
City-St-Zip: SUMMERFIELD, FL 34491

Title: V PS (X) Change () Addition
Name: LIVINGSTON, STEPHAINE V.PRES
Address: 351 SE 90 ST.
City-St-Zip: OCALA, FL 34480

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

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: BONITA L. FELL

TRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date