2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2007
Secretary of State

DOCUMENT# 752495

Entity Name: FLORIDA STATE FARRIERS ASSOCIATION, INC.

Current Principal Place of Business:

1800 MARSH STREET
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1800 MARSH STREET
OVIEDO, FL 332765 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BEAN, DARYL K
1800 MARSH STREET
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

STEIN, WILLIAM J
1420 ALAFAYA TRAIL
101
OVIEDO, FL 32765 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: WILLIAM J STEIN 07/04/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: QUAM, CLINT
Address: P.O. BOX 691052
City-St-Zip: VERO BEACH, FL 32969 US

Title: VD ( ) Delete
Name: BURNETT, BRYCE
Address: 9406 N HAMMOCK ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: PD ( ) Delete
Name: BEAN, DARYL K
Address: 1800 MARSH STREET
City-St-Zip: OVIEDO, FL 32765

Title: SD (X) Delete
Name: BEAN, DARYL K
Address: 1800 MARSH STREET
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BURNETT, BRYCE
Address: 9406 NORTH HAMMOCK RD.
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

Title: VD (X) Change ( ) Addition
Name: JENKINS, RUSTY
Address: 3796 OLD LOYD RD.
City-St-Zip: MONTICELLO, FL 32344

Title: STD (X) Change ( ) Addition
Name: BEAN, DARYL K
Address: 1800 MARSH STREET
City-St-Zip: OVIEDO, FL 32765

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: DARYL BEAN STD 07/04/2007
Electronic Signature of Signing Officer or Director Date