

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 791040

FILED  
Jan 30, 2008  
Secretary of State

**Entity Name:** FLORIDA QUARTER HORSE ASSOCIATION

**Current Principal Place of Business:**

5551 REISTERTOWN RD.  
NORTH PORT, FL 34286

**New Principal Place of Business:**

5551 REISTERTOWN RD.  
NORTH PORT, FL 34291

**Current Mailing Address:**

P.O. BOX 325  
LAUREL, FL 34272

**New Mailing Address:**

**FEI Number:** 59-1474068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAUSMAN, MELISSA  
5551 REISTERTOWN RD.  
NORTH PORT, FL 34286 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: D ( ) Delete  
Name: BOYD, D.R.  
Address: 2303 GERRY RD  
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete  
Name: PRINCE, ANNE L  
Address: 5411 WILLIS ROAD  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: SCOTT, THOMAS R  
Address: 2912 NORTH FLORIDA AVE.  
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete  
Name: MOORMAN, ANDREA  
Address: 386 N HAVANA RD  
City-St-Zip: VENICE, FL 34292

Title: D ( ) Delete  
Name: EDMONDSON, PEG  
Address: 1877 EDMONDSON RD  
City-St-Zip: NOKOMIS, FL 34275

Title: P ( ) Delete  
Name: LINES, BOB  
Address: 8400 SW FOXBROWN RD  
City-St-Zip: INDIANTOWN, FL 34956

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: BOB LINES

P

01/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date