


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # N00000005591 1. Entity Name LITTLE EVERGLADES STEEPLECHASE FOUNDATION, INC.	
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Principal Place of Business 38230 JORDAN RD. DADE CITY, FL 33523	Mailing Address P.O. BOX 1359 DADE CITY, FL 33526-1359
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DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3671823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MICHAELS, J. PATRICK JR.
101 E. KENNEDY BLVD.
SUITE 3925
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 when reinstating) DATE _____

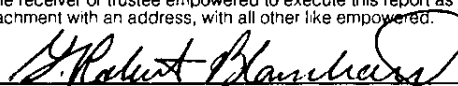
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000778781 01/11/08-80011-008 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCHARD, G. ROBERT 1414 SWANN AVENUE SUITE 201 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MICHAELS, J. PATRICK JR. 101 E. KENNEDY BLVD, STE 3925 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD THAYER, STELLA 400 N. TAMPA STREET SUITE 2300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **1/9/08 352-521-3661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #