

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005591

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** LITTLE EVERGLADES STEEPLECHASE FOUNDATION, INC.

**Current Principal Place of Business:**

38230 JORDAN RD.  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1359  
DADE CITY, FL 335261359

**New Mailing Address:**

**FEI Number:** 59-3671823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHAELS, J. PATRICK JR.  
101 E. KENNEDY BLVD.  
SUITE 3925  
TAMPA, FL 33602 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: PD ( ) Delete  
Name: BLANCHARD, G. ROBERT  
Address: 1414 SWANN AVENUE SUITE 201  
City-St-Zip: TAMPA, FL 33606

Title: STD ( ) Delete  
Name: MICHAELS, J. PATRICK JR.  
Address: 101 E. KENNEDY BLVD, STE 3925  
City-St-Zip: TAMPA, FL 33602

Title: VSD ( ) Delete  
Name: THAYER, STELLA  
Address: 400 N. TAMPA STREET SUITE 2300  
City-St-Zip: TAMPA, FL 33602

**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:

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: G. ROBERT BLANCHARD

DIR.

02/02/2009

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

\_\_\_\_\_  
Date