

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007618

FILED  
Apr 12, 2008  
Secretary of State

**Entity Name:** BAY AREA DRESSAGE & COMBINED TRAINING, INC.

**Current Principal Place of Business:**

8541 N GUNN HWY  
ODESSA, FL 33556

**New Principal Place of Business:**

11612 PONY EXPRESS WAY  
ODESSA, FL 33556

**Current Mailing Address:**

8541 N GUNN HWY  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 59-3683287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARUSO, JEANINE M  
8541 N GUNN HWY  
ODESSA, FL 33556 US

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

BARRERA, JILL  
11612 PONY EXPRESS WAY  
ODESSA, FL 33556 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: JILL BARRERA

04/12/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARRERA, JILL  
Address: 11620 PONY EXPRESS WAY  
City-St-Zip: ODESSA, FL 33556

Title: STD (X) Delete  
Name: CARUSO, JEANINE  
Address: 8541 N GUNN HWY  
City-St-Zip: TAMPA, FL 33556

Title: VPD (X) Delete  
Name: BOLLENBACK, TINA  
Address: 8541 NO GUNN HWY  
City-St-Zip: TAMPA, FL 33556

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

Title: PD (X) Change ( ) Addition  
Name: BARRERA, JILL  
Address: 11612 PONY EXPRESS WAY  
City-St-Zip: ODESSA, FL 33556

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: JILL BARRERA

PRES

04/12/2008

Electronic Signature of Signing Officer or Director

Date