2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001097

FILED Sep 10, 2008 Secretary of State

Entity Name: NORTHEAST FLORIDA DRESSAGE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8455 REID PACKING HOUSE RD HASTINGS, FL 32145 **Current Mailing Address: New Mailing Address:** 8455 REID PACKING HOUSE RD HASTINGS, FL 32145 FEI Number: 59-3703994 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent: TATHAM, MOLLY M 8455 REID PACKING HOUSE RD HASTINGS, FL 32145 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TATHAM, MOLLY M Name: Name: 8455 REID PACKING HOUSE RD Address: Address: City-St-Zip: HASTINGS, FL 32145 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: HAYES, SARAH Name: WILLIAMS, LESA Address: 11254 SOUTHBURY PLACE Address: 3703 THOUSAND OAKS DR City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: ORANGE PARK, FL 32065 Title: () Delete Title: BOD (X) Change () Addition SEGARS, MICHELE JOHNSON, SUSAN Name: Name: 8026 PEBBLE BEACH LANE W 10620 QUAIL RIDGE DR Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA, FL 32095 Title: Title: () Change () Addition () Delete CRAMER, CHRISTINE Name: Name: Address: 2929 REMINGTON ST Address: City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: Title: ROD () Delete Title: ROD (X) Change () Addition WINTERBOURNE, SANDY Name: Name: DALE, DENISE 4145 DAWN RIDGE RD E 369 PERTHSHIRE DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: ORANGE PARK, FL 32073 Title: () Delete Title: () Change () Addition VELASCO, MICHELLE Name: Name: 2289 RUSSELL RD Address: Address: GREEN COVE SPRINGS, FL 32043 City-St-Zip: 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: MOLLY M TATHAM PRES 09/10/2008