

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001097

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** NORTHEAST FLORIDA DRESSAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

369 PERTSHIRE DRIVE  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

2289 RUSSELL ROAD  
GREEN COVE SPRINGS, FL 32043 US

**Current Mailing Address:**

369 PERTSHIRE DRIVE  
ORANGE PARK, FL 32073

**New Mailing Address:**

2289 RUSSELL ROAD  
GREEN COVE SPRINGS, FL 32043 US

**FEI Number:** 59-3703994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DALE, DENISE H MS.  
369 PERTSHIRE DRIVE  
ORANGE PARK, FL 32073 US

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

VELASCO, MICHELLE C MS.  
2289 RUSSELL ROAD  
GREEN COVE SPRINGS, FL 32043 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: MICHELLE C VELASCO

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MOORE, MARTHA  
Address: 12581 SAWPIT RD  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP  
Name: PRINCE, PAM  
Address: PO BOX 1974  
City-St-Zip: YULEE, FL 32041

Title: TR  
Name: VELASCO, MICHELLE  
Address: 2289 RUSSELL RD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SEC  
Name: BROOKS, SHANTEL  
Address: 8659 RANCHWOOD LN  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: BOD  
Name: BELCHER, CAROLYN  
Address: 79 DEBBIE'S LANE  
City-St-Zip: WHITE OAK, GA 31568

Title: BOD  
Name: TETER, MARY  
Address: 105 N LAKE CUNNINGHAM AVE  
City-St-Zip: SAINT JOHNS, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE C VELASCO

TREA

04/25/2011

Electronic Signature of Signing Officer or Director

Date