

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006893

FILED
Apr 27, 2009
Secretary of State

Entity Name: NORTHEAST FLORIDA EQUESTRIAN SOCIETY INC.

Current Principal Place of Business:

1650 MARGARET ST.
SUITE 302, # 146
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

1650 MARGARET ST.
SUITE 302, # 146
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 01-0636438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNELL, JOANNE P
734 WREN ROAD
JACKSONVILLE, FL 32216 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: P/D () Delete
Name: GRINER, BETTY J
Address: 11701 CISCO GARDEN ROAD
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: V/D () Delete
Name: COXWELL, JODI
Address: 490 OTIS ROAD
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: S/D () Delete
Name: CONNELL, JOANNE
Address: 734 WREN RD.
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D/T () Delete
Name: BILTZ, KATHERINE A
Address: 9086 CYPRESS GREEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D () Delete
Name: BUSCH, OLWEN
Address: P.O. BOX 380024
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D () Delete
Name: CORBIN, KELLI
Address: 17280 WEST BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32234 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOLM, STEPHEN
Address: 375 TINSLEY ROAD
City-St-Zip: FLORAHOME, FL 32140 US

Title: S/T (X) Change () Addition
Name: CONNELL, JOANNE
Address: 734 WREN RD.
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D (X) Change () Addition
Name: FULLER, PEGGY DR.
Address: 3230 LORETTO ROAD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARCO, LIZ
Address: 118 PLUMTON CT
City-St-Zip: JACKSONVILLE, FL 32259 US

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: JOANNE CONNELL

S/T

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date