

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007928

FILED
Sep 01, 2008
Secretary of State

Entity Name: TRI-STATE MINATURE HORSE CLUB, INC.

Current Principal Place of Business:

326 FERN WOOD WAY
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

326 FERN WOOD WAY
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

ANDERSON, CHERIE
326 FERNWOOD WAY
PANAMA CITY, FL 32404 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: PT () Delete
Name: ANDERSON, CHERIE
Address: 326 FERNWOOD WAY
City-St-Zip: PANAMA CITY, FL 32404

Title: VPT () Delete
Name: DITTUS, SANDRA
Address: P.O. BOX 601
City-St-Zip: BONIFAY, FL 32425

Title: ST () Delete
Name: HAND, DINDA
Address: 561 SANDY CREEK ROAD
City-St-Zip: SAMSON, AL 36477

Title: T () Delete
Name: HELMS, LAURA
Address: 1064 HELMS ROAD
City-St-Zip: BONIFAY, FL 32425

Title: SM (X) Delete
Name: HAND, DINDA
Address: 561 SANDY CREEK ROAD
City-St-Zip: SAMSON, AL 36477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPT (X) Change () Addition
Name: PERRINE, PATRICIA
Address: 812 MILE DRIVE
City-St-Zip: PANAMA, FL 32404

Title: SEC (X) Change () Addition
Name: ANDERSON, CHERIE
Address: 326 FERNWOOD WAY
City-St-Zip: PANAMA CITY, FL 32404

Title: T (X) Change () Addition
Name: PERRINE, PATRICIA
Address: 812 MILES
City-St-Zip: PAMANA, FL 32404

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: CHERIE ANDERSON

PT

09/01/2008

Electronic Signature of Signing Officer or Director

Date