

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008345

FILED
May 22, 2009
Secretary of State

Entity Name: FLORIDA WILD HORSE AND BURRO ASSOCIATION, INC.

Current Principal Place of Business:

929 FESTUS LANE
ALFORD, FL 32420

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 481
FOUNTAIN, FL 32428

New Mailing Address:

FEI Number: 03-0384668 **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:

BRYD, GWILDA
929 FESTUS LANE
ALFORD, FL 32420 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: D () Delete
Name: SHULTER, SANDRA
Address: 16087 E. CHELTENHAM DR.
City-St-Zip: LOXHATCHEE, FL 33470

Title: D () Delete
Name: DELANO, DIANE
Address: 4970 INTERNATIONAL AVE.
City-St-Zip: MIMS, FL 32754

Title: D () Delete
Name: WILSON, MARIA
Address: 6282 HOLLOWAY RD.
City-St-Zip: BAKER, FL 32531

Title: P () Delete
Name: SCHULTER, ED
Address: 16087 E CHELTEHAM DR.
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARIA WILSON

D

05/22/2009

Electronic Signature of Signing Officer or Director

Date