

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006241

FILED
Apr 30, 2008
Secretary of State

Entity Name: MINIATURE HORSE CLUB OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4451 148TH TERRACE NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

4451 148TH TERRACE NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 16-1622927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPES, TONY D
4451 148TH TERRACE NORTH
LOXAHATCHEE, FL 33470 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 () Delete
Name: LOPES, TONY
Address: 4451 148TH TERRACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T () Delete
Name: LOPES, NANCY
Address: 4451 148TH TERRACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S () Delete
Name: COFFEY, PATRICIA
Address: 16320 NORTHWEST 32ND AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: VP () Delete
Name: KERN, MARK
Address: 13576 FOX TRAIL
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: JOLICOEUR, JERRY
Address: 2044 S.W. 19TH LANE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: TYNER, PAT
Address: 18387 HWY. 98 NORTH
City-St-Zip: OKEECHOBEE, 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: VP (X) Change () Addition
Name: TYNER, PAT
Address: 18387 HWY. 98 NORTH
City-St-Zip: OKEECHOBEE, FL 34972

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

Title: D (X) Change () Addition
Name: KERN, LINDA
Address: 13576 FOX TRAIL
City-St-Zip: LOXAHATCHEE, FL 33470

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: NANCY LOPES

T

04/30/2008

Electronic Signature of Signing Officer or Director

Date