

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006750

FILED
Apr 15, 2008
Secretary of State

Entity Name: UNITED PROFESSIONAL HORSEMAN'S ASSOCIATION CHAPTER 16 INC.

Current Principal Place of Business:

18029 LAKE REFLECTIONS BLVD
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

18029 LAKE REFLECTIONS BLVD
LUTZ, FL 33558

New Mailing Address:

FEI Number: 59-3379031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUSH, PAMELA
18029 LAKE REFLECTIONS BLVD
LUTZ, FL 33558 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: PD () Delete
Name: SCHMIDT, MARY JO
Address: 5051 VAN DYKE RD.
City-St-Zip: LUTZ, FL 33558

Title: VD () Delete
Name: ROUSH, PAMELA
Address: 5051 VAN DYKE RD.
City-St-Zip: LUTZ, FL 33558

Title: TD () Delete
Name: GIMPEL, RUTH
Address: 5051 VAN DYKE RD.
City-St-Zip: LUTZ, FL 33558

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:

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: PAMELA ROUSH

PRES

04/15/2008

Electronic Signature of Signing Officer or Director

Date