

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006750

**FILED**  
**Jan 17, 2010**  
**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:**

18920 SUNLAKE BLVD  
LUTZ, FL 33558

**Current Mailing Address:**

18029 LAKE REFLECTIONS BLVD  
LUTZ, FL 33558

**New Mailing Address:**

18920 SUNLAKE BLVD  
LUTZ, FL 33558

**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:**

GRAHAM, RONNIE  
18920 SUNLAKE BLVD.  
LUTZ, FL 33558 US

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: RONNIE GRAHAM

01/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GRAHAM, RONNIE  
Address: 18920 SUNLAKE BLVD  
City-St-Zip: LUTZ, FL 33558

Title: VD  
Name: GILMAN, MARIA  
Address: 20842 CHAMPIONS AVE  
City-St-Zip: LAND O'LAKES, FL 34638

Title: TD  
Name: GIMPEL, RUTH  
Address: 18920 SUNLAKE BLVD  
City-St-Zip: LUTZ, FL 33558

I hereby 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 all other like empowered.

SIGNATURE: RONNIE GRAHAM

PD

01/17/2010

Electronic Signature of Signing Officer or Director

Date