

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02551

FILED
Apr 16, 2008
Secretary of State

Entity Name: NORTH FLORIDA ARABIAN HORSE CLUB, INC.

Current Principal Place of Business:

2451 QUARTER HORSE TRAIL
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

2451 QUARTER HORSE TRAIL
MIDDLEBURG, FL 32068 US

New Mailing Address:

FEI Number: 59-2519397 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POOLEY, NANCY
2451 QUARTER HORSE TRAIL
MIDDLEBURG, FL 32068 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: VP () Delete
Name: DUNCAN, DEBBIE
Address: 108 TILLETTS LANE
City-St-Zip: PALATKA, FL 32177 US

Title: S () Delete
Name: WILL, CHRISTINE
Address: 2506 QUARTER HORSE TRAIL
City-St-Zip: MIDDLEBURG, FL 32069 US

Title: T () Delete
Name: WELLS, CAROL
Address: 2439 QUARTER HORSE TRAIL
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: P () Delete
Name: POOLEY, NANCY
Address: 2451 QUARTER HORSE TRAIL
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: D () Delete
Name: JOHNSON, LINDA
Address: 8422 HERLONG ROAD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D () Delete
Name: POOLEY, JOSEPH
Address: 2451 QUARTER HORSE TRAIL
City-St-Zip: MIDDLEBURG, FL 32068 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: WILL, CHRISTINE
Address: 2439 QUARTER HORSE TRAIL
City-St-Zip: MIDDLEBURG, FL 32069 US

Title: T (X) Change () Addition
Name: WILL, CHRISTINE
Address: 2439 QUARTER HORSE TRAIL
City-St-Zip: MIDDLEBURG, FL 32068 US

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: NANCY POOLEY

P

04/16/2008

Electronic Signature of Signing Officer or Director

Date