2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001212

Title:

Name:

Address:

City-St-Zip:

DST

() Delete

701 RIVERSIDE PARK PL, STE 310

MATHENY, LAWRENCE M JR

JACKSONVILLE, FL 32204

Entity Name: FLORIDA EQUESTRIAN CELEBRATION, INC.

FILED Feb 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 701 RIVERSIDE PARK PL STE 310 701 RIVERSIDE PARK PL JACKSONVILLE, FL 32204 SUITE 310 JACKSONVILLE, FL 32204 **Current Mailing Address:** New Mailing Address: 701 RIVERSIDE PARK PL STE 310 701 RIVERSIDE PARK PL JACKSONVILLE, FL 32204 SUITE 310 JACKSONVILLE, FL 32204 FEI Number: 20-0774045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WIKER, PAMELA L 701 RIVERSIDE PARK PL STE 310 JACKSONVILLE, FL 32204 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GRAHAM, HENRY H JR Name: Name: 701 RIVERSIDE PARK PL, STE 310 Address: Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GRAHAM, DIANE M Name: Address: 701 RIVERSIDE PARK PL. STE 310 Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: Title: () Delete Title: () Change () Addition WIKER, PAMELA L Name: Name: 701 RIVERSIDE PARK PL, STE 310 Address: Address: City-St-Zip: JACKSONVILLE, FL 32204 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HENRY H. GRAHAM, JR. DC 02/07/2008

() Change () Addition