

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001494

FILED
Mar 17, 2009
Secretary of State

Entity Name: FLORIDA QUARTER HORSE BREEDERS AND OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1311 WINTER GARDEN VINELAND ROAD
WINTER GARDEN, FL 34787

New Principal Place of Business:

9085 MAGNOLIA HILLS DR.
TALLAHASSEE, FL 32309

Current Mailing Address:

1311 WINTER GARDEN VINELAND ROAD
WINTER GARDEN, FL 34787

New Mailing Address:

9085 MAGNOLIA HILLS DR.
TALLAHASSEE, FL 32309

FEI Number: 61-1563479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBB, PAMELA
1311 WINTER GARDEN VINELAND ROAD
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

FISCH, WILLIAM H
6753 THOMASVILLE RD,
108
TALLAHASSEE, FL 32312 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: WILLIAM H. FISCH

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBB, PAMELA
Address: 1311 WINTER GARDEN VINELAND ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD () Delete
Name: FISCH, STEVE
Address: 9085 MAGNOLIA HILL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD () Delete
Name: BENTLEY, ROBERT
Address: 80 CR 313
City-St-Zip: GOLDTHWAITE, TX 76844

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FISCH, STEPHEN D DVM
Address: 9085 MAGNOLIA HILL DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD (X) Change () Addition
Name: CARTER, JOSEPH D
Address: 1836 FAMILY COURT
City-St-Zip: CALLAHAN, FL 32011

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

Title: DIR () Change (X) Addition
Name: FISCH, WILLIAM H CPA
Address: 6753 THOMASVILLE RD, # 108
City-St-Zip: TALLAHASSEE, FL 32312

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: WILLIAM H. FISCH

DIR

03/17/2009

Electronic Signature of Signing Officer or Director

Date