

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002312

FILED
Jan 21, 2009
Secretary of State

Entity Name: FLORIDA PINTO HORSE ASSOCIATION, INC.

Current Principal Place of Business:

C/O 2115 HIDEAWAY COVE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

C/O 2115 HIDEAWAY COVE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 77-0630390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAGRANGE, JENNY DUDA
2115 HIDEAWAY COVE
OVIEDO, FL 32765 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: P () Delete
Name: DUDA LAGRANGE, JENNY
Address: 2115 HIDEAWAY COVE
City-St-Zip: OVIEDO, FL 32765

Title: S/T () Delete
Name: KIDD, LEE
Address: 3603 MONUMENT DR
City-St-Zip: DELTONA, FL 32738

Title: VP () Delete
Name: FRANZ, MICHELE
Address: 520 VALLEY STREAM DR
City-St-Zip: GENEVA, FL 32732

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: MICHELE FRANZ

VP

01/21/2009

Electronic Signature of Signing Officer or Director

Date