# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2009**
**Secretary of State**

DOCUMENT# N04000009779

**Entity Name:** FLORIDA OPEN LAMA SHOW ASSOCIATION, INC.

**Current Principal Place of Business:**

809 W. SWILLEY LOOP
PLANT CITY, FL 33567

**New Principal Place of Business:**

**Current Mailing Address:**

809 W. SWILLEY LOOP
PLANT CITY, FL 33567

**New Mailing Address:**

**FEI Number: 20-1774071** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, DELMAR J JR
7108 229TH STREET EAST
BRADENTON, FL 34211 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: ROTHERING, THOMAS W
Address: 809 W. SWILLEY LOOP
City-St-Zip: PLANT CITY, FL 33567

Title: S ( ) Delete
Name: ROTHERING, MARY E
Address: 809 W. SWILLEY LOOP
City-St-Zip: PLANT CITY, FL 33567

Title: D ( ) Delete
Name: GERMAN, STEVE
Address: 14692 SE 1ST AVE RD
City-St-Zip: SUMMERFIELD, FL 34491

Title: AT ( ) Delete
Name: ROTHERING, MARY
Address: 809 W SWILLEY LOOP
City-St-Zip: PLANT CITY, FL 33567

Title: D ( ) Delete
Name: ZIMMERMAN, BARBRA
Address: 5098 S W 47TH LOOP
City-St-Zip: LAKE BUTLER, FL 32054

Title: T ( ) Delete
Name: ZIMMERMAN, CLIFFORD
Address: 5098 S W 47TH LOOP
City-St-Zip: LAKE BUTLER, FL 32054

**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:

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: TOM ROTHERING P 01/16/2009

Electronic Signature of Signing Officer or Director — Date