

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009483

FILED  
Mar 25, 2012  
Secretary of State

**Entity Name:** FLORIDA HORSE AND AG FESTIVAL, INC.

**Current Principal Place of Business:**

289 SE 4 AVE.  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

289 SE 4 AVE.  
POMPANO BEACH, FL 33060

**New Mailing Address:**

**FEI Number:** 09-0503074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEGAL, FRED  
289 SE 4 AVE.  
POMPANO BEACH, FL 33060 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: PD  
Name: SEGAL, FRED  
Address: 289 SE 4 AVE.  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPD  
Name: PAUL, JUDY  
Address: 14421 SW 24 ST  
City-St-Zip: DAVIE, FL 33325

Title: STD  
Name: DEMPSEY, KATHLEEN  
Address: 289 SE 4 AVE  
City-St-Zip: MARGATE, FL 33060

I hereby 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 all other like empowered.

SIGNATURE: FRED SEGAL

PD

03/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date