

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010043

FILED
Feb 04, 2009
Secretary of State

Entity Name: FLORIDA PONY BREEDERS ASSOCIATION, INC.

Current Principal Place of Business:

16245 W NEWBERRY RD
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1088
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 43-2098176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPELOTO, BECKY
16245 W NEWBERRY RD
NEWBERRY, FL 32665 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: MONTEVIDEO, MELISSA
Address: 16245 W NEWBERRY RD
City-St-Zip: NEWBERRY, FL 32669

Title: S () Delete
Name: HANCOCK, ROBIN
Address: 16025 W NEWBERRY RD
City-St-Zip: NEWBERRY, FL 32669

Title: TREA () Delete
Name: CAPELOTO, BECKY
Address: 19903 W. NEWBERRY RD
City-St-Zip: NEWBERRY, FL 32669

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: BECKY CAPELOTO

TREA

02/04/2009

Electronic Signature of Signing Officer or Director

Date