

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012916

FILED
Feb 21, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA DRESSAGE INC.

Current Principal Place of Business:

360 E 5TH ST
CHULUOTA, FL 327668614 US

New Principal Place of Business:

Current Mailing Address:

360 E 5TH ST
CHULUOTA, FL 327668614 US

New Mailing Address:

FEI Number: 20-4000974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUTHOFF, KIMBERLEY E
360 E 5TH ST
CHULUOTA, FL 327668614 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: BRINKMAN, CAMILLE
Address: 5348 LK BLUFF TERRACE
City-St-Zip: LAKE FOREST, FL 32771 US

Title: VP () Delete
Name: MCINTIRE, SUSAN
Address: 31840 ORANGE STREET
City-St-Zip: SORRENTO, FL 32776 US

Title: S () Delete
Name: THOMAS, LISA
Address: 2400 KILDARE DR
City-St-Zip: CHULUOTA, FL 32776

Title: T () Delete
Name: PUTHOFF, KIMBERLEY E
Address: 360 E 5TH ST
City-St-Zip: CHULUOTA, FL 327668614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRINKMAN, CAMILLE
Address: 25442 MCDOWELL CT
City-St-Zip: SORRENTO, FL 32776 US

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 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: KIMBERLEY E PUTHOFF

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02/21/2007

Electronic Signature of Signing Officer or Director

_____ Date