

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012916

**FILED**  
**Jan 10, 2012**  
**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  
Name: OTT-CHARTIER, ANN C  
Address: 3629 MIRROR LAKE DRIVE  
City-St-Zip: APOPKA, FL 327036138 US

Title: VP  
Name: CROFT, SUSAN L  
Address: P.O. BOX 155  
City-St-Zip: ALTOONA, FL 32702 US

Title: S  
Name: KATHLEEN, DENNIS  
Address: 2102 DOGWOOD CIR  
City-St-Zip: MOUNT DORA, FL 32757

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

Title: O  
Name: DELMAIN, DIANE  
Address: 6638 PARSON BROWN CT  
City-St-Zip: ORLANDO, FL 32819

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: KIMBERLEY E PUTHOFF

T

01/10/2012

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

\_\_\_\_\_  
Date