

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06917

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** TAMPA BAY HORSE SHOW ASSOCIATION, INC.

**Current Principal Place of Business:**

2602 BEACH DRIVE  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

2602 BEACH DRIVE  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 59-2480478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUADE, JOANNE B  
2602 BEACH DRIVE  
TAMPA, FL 33629 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: VTD  
Name: WOODWARD, JOAN  
Address: 2106 SOUTH CORTEZ  
City-St-Zip: TAMPA, FL 33629

Title: PD  
Name: QUADE, JOANNE B  
Address: 2602 BEACH DRIVE  
City-St-Zip: TAMPA, FL 33629

Title: D  
Name: QUADE, ARTHUR L  
Address: 2602 BEACH DRIVE  
City-St-Zip: TAMPA, FL 33629

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: JOANNE B. QUADE

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03/29/2010

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

\_\_\_\_\_  
Date