

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001004

FILED  
Apr 12, 2009  
Secretary of State

**Entity Name:** AFFILIATED HORSE OWNERS OF FLORIDA, INC.

**Current Principal Place of Business:**

116 HICKORY CREEK DR.  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6663  
BRANDON, FL 33508

**New Mailing Address:**

**FEI Number:** 26-2570653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KARNIEWICZ, JUDY  
315 S. HYDE PARK AVE.  
TAMPA, FL 33606 US

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

KARNIEWICZ, JUDY  
1406 W. FLETCHER AVENUE  
TAMPA, FL 33612 US

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:

04/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CORNELE, JEANNE  
Address: 2015 WELBORN RD. N.  
City-St-Zip: FT. MYERS, FL 33917

Title: D ( ) Delete  
Name: WARE, GLENNA  
Address: P.O. BOX 1237  
City-St-Zip: ALTOONA, FL 32702

Title: D ( ) Delete  
Name: WOODARD, TRACI  
Address: 5311 RAZORBACK CT.  
City-St-Zip: MIDDLEBURG, FL 32068

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: CORNELE, JEANNE  
Address: 2015 WELBORN RD. N.  
City-St-Zip: FT. MYERS, FL 33917

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES ( ) Change (X) Addition  
Name: LAWRY, VICKI K PRES  
Address: 116 HICKORY CREEK DRIVE  
City-St-Zip: BRANDON, FL 33511 HL

Title: D ( ) Change (X) Addition  
Name: WATKINS, JAMES  
Address: P.O. BOX 1944  
City-St-Zip: LAKE LAND, FL 33802

Title: D ( ) Change (X) Addition  
Name: SALYOR, LARRY  
Address: 1645 HWY 81  
City-St-Zip: WESTVILLE, FL 32464

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: VICKI LAWRY

PRES

04/12/2009

Electronic Signature of Signing Officer or Director

Date