

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

DOCUMENT# N09000005229

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA HORSEMEN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

215 SOUTH MONROE STREET, 2ND FLOOR  
TALLAHASSEE, FL 323011839

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10095  
TALLAHASSEE, FL 323022095

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNBAR, MARC W  
215 SOUTH MONROE STREET, 2ND FLOOR  
TALLAHASSEE, FL 323011839 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: D  
Name: ROMANIK, DAVID S  
Address: 215 SOUTH MONROE STREET, 2ND FLOOR  
City-St-Zip: TALLAHASSEE, FL 323011839

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: DAVID ROMANIK

D

04/09/2010

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

\_\_\_\_\_  
Date