

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011151

FILED  
Apr 28, 2012  
Secretary of State

**Entity Name:** FLORIDA REINED COW HORSE ASSOCIATION, INC.

**Current Principal Place of Business:**

4301 32ND STREET WEST, SUITE D4  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

4301 32ND STREET WEST, SUITE D4  
BRADENTON, FL 34205

**New Mailing Address:**

**FEI Number:** 45-3960344      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BROWN, CHRIS  
15871 COUNTY RD 675  
PARRISH, FL 34219      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: HENNIG, JACK F  
Address: 2854 CLIFTON BRYAN RD  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: VP  
Name: FAY, ROBIN  
Address: 1145 RAMBLEBROOK ST  
City-St-Zip: MALABAR, FL 32950

Title: S  
Name: BAGGETT, MIKE  
Address: 275 SW 60TH AVE  
City-St-Zip: OCALA, FL 34474

Title: T  
Name: BROWN, CHRIS  
Address: 15871 COUNTY RD 675  
City-St-Zip: PARRISH, FL 34219

Title: D  
Name: HARDEE, NANCY  
Address: 7810 ROLLING GROVE DR W  
City-St-Zip: LAKELAND, FL 33810

Title: D  
Name: PAGH, BRAD  
Address: 8701 NW 47TH STREET  
City-St-Zip: OCALA, FL 34482

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: CHRIS BROWN

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04/28/2012

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

\_\_\_\_\_  
Date