

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11773

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: ORLANDO ARABIAN HORSE CLUB, INC.

## Current Principal Place of Business:

18839 GROVES DRIVE  
GROVELAND, FL 34736

## New Principal Place of Business:

402 SAN LEANDRO DRIVE  
CASSELBERRY, FL 32707

## Current Mailing Address:

18839 GROVES DRIVE  
GROVELAND, FL 34736

## New Mailing Address:

402 SAN LEANDRO DRIVE  
CASSELBERRY, FL 32707

FEI Number: 59-2357432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRIZEK, DIANA W  
18839 GROVES DR  
GROVELAND, FL 34736 US

## Name and Address of New Registered Agent:

TENNYSON, ADEL E  
402 SAN LEANDRO DRIVE  
CASSELBERRY, FL 32707 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: ADEL E. TENNYSON

01/21/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: DUNGAN, BARB  
Address: 1120 CASTLEWOOD TERRACE, APT. 106  
City-St-Zip: CASSELBERRY, FL 32707

Title: T ( ) Delete  
Name: KRIZEK, DIANA  
Address: 18839 GROVES DR  
City-St-Zip: GROVELAND, FL 34736

Title: S ( ) Delete  
Name: BAPTISTE, SOLITA  
Address: 4375 NORTH CR 426  
City-St-Zip: GENEVA, FL 32732

Title: P ( ) Delete  
Name: BOGAN, ANNETTE  
Address: 1815 PAMS WAY  
City-St-Zip: GENEVA, FL 32732

Title: D ( ) Delete  
Name: KNAPP, PAM  
Address: 788 RICH DRIVE  
City-St-Zip: OVIEDO, FL 32765

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: TREA ( ) Change (X) Addition  
Name: TENNYSON, ADEL E  
Address: 402 SAN LEANDRO DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

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: ADEL E. TENNYSON

TREA

01/21/2009

Electronic Signature of Signing Officer or Director

Date