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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21530

1. Corporation Name

WALSINGHAM HORSEMAN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SANDRA WAIT 12617 83RD AVE. N. SEMINOLE FL 33776-3220 US	C/O SANDRA WAIT 12617 83RD AVE. N. SEMINOLE FL 33776-3220 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/10/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2813711 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FLIPPIN, BARBARA
9700 98TH AVE NO.
LARGO FL 33777

10. Name and Address of New Registered Agent

81 Name: Sandra Wait
82 Street Address (P.O. Box Number is Not Acceptable): 12617 83rd Ave. N.
83
84 City: Seminole FL 85 Zip Code: 33776

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Sandra Wait (Sandra Wait, President) 1/4/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLIPPIN, BARBARA		1.2 NAME		
STREET ADDRESS	9700 98TH AVE NO.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33777		1.4 CITY-ST-ZIP		
TITLE	SD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HITE, ROBIN		2.2 NAME		
STREET ADDRESS	92251 98TH ST. NO.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33777		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	Treasurer	☑ Change ☐ Addition
NAME	LYDON, JAN		3.2 NAME		
STREET ADDRESS	7650 128TH STREET NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	President	☑ Change ☐ Addition
NAME	WAIT, SANDY		4.2 NAME	Wait, Sandra	
STREET ADDRESS	12617 83RD AVE N		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33776		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	Vice President	☑ Change ☐ Addition
NAME	WALLACE, PAT		5.2 NAME		
STREET ADDRESS	14298 SHARON DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	6.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	WILKES, ANDREA		6.2 NAME	Alison Salas	
STREET ADDRESS	11322 58TH ST. NO.		6.3 STREET ADDRESS	13298-82nd Ave. N.	
CITY-ST-ZIP	PINELLAS PARK FL 33778		6.4 CITY-ST-ZIP	Seminole FL 33776	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Wait (Sandra Wait, Pres.) 1/4/99 (727) 391-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #