2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90357 038 ****61.25

DOCUMENT # N21530

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Joanne Butler	c/o Joanne Butler
Suite, Apt. #, etc.: 3015 B Adrian Ave	Suite, Apt. #, etc.: 3015 B Adrian Ave
City & State: Largo FL	City & State: Largo FL
Zip: 33774 Country: USA	Zip: 33774 Country: USA

4. FEI Number 59-2813711 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAIT, SANDRA 12617 83RD AVE N SEMINOLE FL 33776	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WAIT, SANDRA 12617 83 AVE N. SEMINOLE FL 33776-3220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LYDON, JAN 7650 128TH STREET NORTH SEMINOLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUTLER, JOANNE 3015B ADRIAN AVE. LARGO FL 33774	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TERRELL, DARCY 1810 24 AVE N SAINT PETERSBURG FL 33713-4053	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LELAK, MICHAEL 13971 SUNSET DR LARGO FL 33774	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEXLER, CAROL 12955 110 AVE N LARGO FL 33774	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan Lydon SIGNATURE REQUIRED Joan Lydon 4/11/02 (727)3918999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #