2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004
Secretary of State

DOCUMENT# N21530

Entity Name: WALSINGHAM HORSEMAN'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O JOANNE BUTLER
3015 B ADRIAN AVENUE
LARGO, FL 33774 US

New Principal Place of Business:

Current Mailing Address:

C/O JOANNE BUTLER
3015 B ADRIAN AVENUE
LARGO, FL 33774 US

New Mailing Address:

FEI Number: 59-2813711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUTLER, JOANNE M
3015 B ADRIAN AVENUE
LARGO, FL 33774 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	( ) Delete
Name:	WAIT, SANDRA	
Address:	12617 83 AVE N.	
City-St-Zip:	SEMINOLE, FL 337763220	
Title:	TD	( ) Delete
Name:	LYDON, JAN	
Address:	7650 128TH STREET NORTH	
City-St-Zip:	SEMINOLE, FL	
Title:	PD	( ) Delete
Name:	BUTLER, JOANNE	
Address:	3015B ADRIAN AVE.	
City-St-Zip:	LARGO, FL 33774	
Title:	SD	( ) Delete
Name:	TERRELL, DARCY	
Address:	1810 24 AVE N	
City-St-Zip:	SAINT PETERSBURG, FL 337134053	
Title:	VPD	( ) Delete
Name:	LELAK, MICHAEL	
Address:	13971 SUNSET DR	
City-St-Zip:	LARGO, FL 33774	
Title:	D	( ) Delete
Name:	WEXLER, CAROL	
Address:	12955 110 AVE N	
City-St-Zip:	LARGO, FL 33774	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	VAZ, KATHY	
Address:	12991 114TH N	
City-St-Zip:	LARGO, FL 33774	
Title:	TD	(X) Change ( ) Addition
Name:	LYDON, JAN	
Address:	7650 128TH STREET NORTH	
City-St-Zip:	SEMINOLE, FL 33776	
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:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOANNE M. BUTLER PD 02/26/2004
Electronic Signature of Signing Officer or Director — Date