

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21530

FILED
Jul 17, 2005
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUTLER, JOANNE M
3015 B ADRIAN AVENUE
LARGO, FL 33774 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VAZ, KATHY
Address: 12991 114TH N
City-St-Zip: LARGO, FL 33774

Title: TD () Delete
Name: LYDON, JAN
Address: 7650 128TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33776

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: () 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: () 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

PRES

07/17/2005

Electronic Signature of Signing Officer or Director

Date