

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21530

FILED
Apr 22, 2008
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:

CAROL WEXLER
12955 110TH AVE. N.
LARGO, FL 33774 US

Current Mailing Address:

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

New Mailing Address:

CAROL WEXLER
12955 110TH AVE. N.
LARGO, FL 33774 US

FEI Number: 59-2813711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEXLER, CAROL A
12955 110TH AVE. N.
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: BACELICE, JOE
Address: 1 KENT DR. S.
City-St-Zip: LARGO, FL 33774

Title: D () Delete
Name: URGUHART, MARY
Address: 12367 82ND. AVE. N.
City-St-Zip: SEMINOLE, FL 33772

Title: PD () Delete
Name: SALAS, LISA
Address: 13298 82ND. AVE. N.
City-St-Zip: LARGO, FL 33776

Title: SD () Delete
Name: HARRELL, JOAN
Address: 13043 114TH AVE. N.
City-St-Zip: LARGO, FL 33774

Title: VPD () Delete
Name: GOULD, TRACY
Address: 12932 139TH. ST. N.
City-St-Zip: LARGO, FL 33774

Title: TD () 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: VPD (X) Change () Addition
Name: WAIT, SANDRA
Address: 11424 115TH ST.
City-St-Zip: LARGO, FL 33778

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

Title: PD (X) Change () Addition
Name: GOULD, TRACY
Address: 12932 139TH. ST. N.
City-St-Zip: LARGO, FL 33774

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

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: TRACY GOULD

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date