2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N21530

FILED Oct 19, 2009 Secretary of State

Entity Name: WALSINGHAM HORSEMAN'S ASSOCIATION, INC.

	rincipal Place of Business:	New Prince	cipal Place of Business:
CAROL W 12955 110 -ARGO, F	TH AVE. N.		
Current M	lailing Address:	New Maili	ng Address:
CAROL W 12955 110 LARGO, F	TH AVE. N.		
n accordan	: 59-2813711 FEI Number Applied For ce with s. 607.193(2)(b), F.S., the corporation I Address of Current Registered Age	n did not receive the prior notic	()
	CAROL A TH AVE. N. L 33774 US		
	named entity submits this statement for e of Florida.	or the purpose of changing	its registered office or registered agent, or both,
SIGNATUR	RE: CAROL A. WEXLER		
	Electronic Signature of Register	ed Agent	Date
OFFICER	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR
Fitle: Name: Address: Dity-St-Zip:	D () Delete BACELICE, JOE 1 KENT DR. S. LARGO, FL 33774	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: Dity-St-Zip:	D () Delete URGUHART, MARY 12367 82ND. AVE. N. SEMINOLE, FL 33772	Title: Name: Address: City-St-Zip:	D (X) Change () Addition NUNEZ, GLENDA 11645 83RD AVE. N. SEMINOLE, FL 33772
lame: ddress: bity-St-Zip: title: lame: ddress:	URGUHART, MARY 12367 82ND. AVE. N.	Name: Address:	NUNEZ, GLENDA 11645 83RD AVE. N.
lame: \ddress:	URGUHART, MARY 12367 82ND. AVE. N. SEMINOLE, FL 33772 VPD () Delete WAIT, SANDRA 11424 115TH ST.	Name: Address: City-St-Zip: Title: Name: Address:	NUNEZ, GLENDA 11645 83RD AVE. N. SEMINOLE, FL 33772
lame: Address: Dity-St-Zip: Title: Idame: Address: Dity-St-Zip: Title: Idame: Address: Address:	URGUHART, MARY 12367 82ND. AVE. N. SEMINOLE, FL 33772 VPD () Delete WAIT, SANDRA 11424 115TH ST. LARGO, FL 33778 SD () Delete HARRELL, JOAN 13043 114TH AVE. N.	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	NUNEZ, GLENDA 11645 83RD AVE. N. SEMINOLE, FL 33772 () Change () Addition

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: CAROL A. WEXLER TD 10/19/2009