FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

~~1998~~ 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90084 031 ****61.25

DOCUMENT # N24678 (7)

1. Corporation Name
TAMPA HORSE SHOW ASSOCIATION, INC.

[redacted]

Principal Place of Business	Mailing Address
14806 ST IVES PL - TAMPA. FL 33624 ~~P.O. BOX 10178 TAMPA FL 33629~~	14806 ST IVES PL - TAMPA. FL 33624 ~~P.O. BOX 10178 TAMPA FL 33629~~

3. Date Incorporated or Qualified: 02/04/1988

4. FEI Number: NOT APPLICABLE ☐ Applied Fo ☐ Not Applica

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 14806 ST IVES PL	26 14806 ST IVES PL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA FL	28 City & State: TAMPA FL
24 Zip: 33624 25 Country: USA	29 Zip: 33624 30 Country: USA

9. Name and Address of Current Registered Agent

BUFFINGTON, BECKY
14806 ST IVES PL
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIMPEL, RUTH 18920 SUN LAKE BLD LUTZ FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICK DAVIS 9308 60th St N Pinellas Park, FL 33782	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Additic
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Andrea Whiting 8807 W. Pocahontas Ave TAMPA FL 33615	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Additic
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MASTERS, CHARLES 3400 BAND WAY N. ST. PETERSBURG FL	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUFFINGTON, BECKY 14806 ST IVES PL TAMPA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Becky Buffington Becky BUFFINGTON 5/11/99 813 281-6019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050225