

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # N24678

1. Entity Name
TAMPA HORSE SHOW ASSOCIATION, INC.



Principal Place of Business
**9122 CYPRESS KEEP LN
ODESSA, FL 33556**

Mailing Address
**9122 CYPRESS KEEP LN
ODESSA, FL 33556**



03192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUFFINGTON, BECKY
9122 CYPRESS KEEP LN
ODESSA, FL 33556**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☒ **\$5.00** May Be
Added to Fees

04/09/08-80052-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARD, CRIS 2245 CYPRESS POINT DR. E CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUFFINGTON, BECKY 9122 CYPRESS KEEP LN ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, PAM 16494 OFFENHAUR ROAD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCIVER, JANE 4347 WATERFORD LANDING DRIVE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Becky Buffington BECKY BUFFINGTON 3/20/08 813 926 6974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #