2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# N24678

Entity Name: TAMPA HORSE SHOW ASSOCIATION, INC.

Current Principal Place of Business:

9122 CYPRESS KEEP LN
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

9122 CYPRESS KEEP LN
ODESSA, FL 33556

New Mailing Address:

9122 CYPRESS KEEP LANE
ODESSA, FL 33556

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUFFINGTON, BECKY
9122 CYPRESS KEEP LN
ODESSA, FL 33556 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:	DS	( ) Delete
Name:	GARD, CRIS	
Address:	2245 CYPRESS POINT DR. E	
City-St-Zip:	CLEARWATER, FL 33763	
Title:	TD	( ) Delete
Name:	BUFFINGTON, BECKY,	
Address:	9122 CYPRESS KEEP LN	
City-St-Zip:	ODESSA, FL 33556	
Title:	PD	( ) Delete
Name:	THOMAS, PAM	
Address:	16494 OFFENHAUR ROAD	
City-St-Zip:	ODESSA, FL 33556	
Title:	VD	(X) Delete
Name:	MCIVER, JANE	
Address:	4347 WATERFORD LANDING DRIVE	
City-St-Zip:	LUTZ, FL 33558	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DS	(X) Change ( ) Addition
Name:	ALFONSO, STEPHANIE	
Address:	7512 W CARACAS STREET	
City-St-Zip:	TAMPA, FL 33615	
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 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: BECKY BUFFINGTON TD 03/01/2009
Electronic Signature of Signing Officer or Director — Date