2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N29497

Entity Name: FLORIDA CUTTING HORSE ASSOCIATION, INC.

Current Principal Place of Business:

18108 W. APSHAWA ROAD
CLERMONT, FL 34715 US

New Principal Place of Business:

Current Mailing Address:

18108 W. APSHAWA ROAD
CLERMONT, FL 34715 US

New Mailing Address:

FEI Number: 59-2875068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, PAM
18108 W. APSHAWA ROAD
CLERMONT, FL 34715 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:	P	( ) Delete
Name:	HICKOX, ERIN	
Address:	PO BOX 6409	
City-St-Zip:	FERNANDINA BEACH, FL 32035	
Title:	VP	( ) Delete
Name:	MCDONALD, AL	
Address:	HWY 441	
City-St-Zip:	REDDICK, FL	
Title:	D	( ) Delete
Name:	KIDD, BILL	
Address:	6817 BUSBY RD.	
City-St-Zip:	HOWEY IN THE HILLS, FL	
Title:	D	( ) Delete
Name:	SCOTT, PAM	
Address:	18108 W APSHAWA RD	
City-St-Zip:	CLERMONT, FL 34715	
Title:	D	( ) Delete
Name:	INGRAM, JOHN	
Address:	15222 HAYS RD.	
City-St-Zip:	SPRING HILL, FL 34610	
Title:	D	( ) Delete
Name:	WELLS, PAT	
Address:	205 SISCO RD.	
City-St-Zip:	POMONA PARK, FL 32181	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: PAM SCOTT D 04/15/2009

Electronic Signature of Signing Officer or Director — Date