

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29497

FILED
Feb 15, 2012
Secretary of State

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
Name: SOKOL, TED JR
Address: 1401 US HWY 17 NORTH
City-St-Zip: SEVILLE, FL 32190

Title: VP
Name: OVERSTREET, SHARON
Address: 4855 JOE OVERSTREET RD
City-St-Zip: KENANSVILLE, FL 34739

Title: D
Name: KIDD, BILL
Address: 4859 JOE OVERSTREET RD
City-St-Zip: KENANSVILLE, FL 34739

Title: D
Name: SCOTT, PAM
Address: 18108 W APSHAWA RD
City-St-Zip: CLERMONT, FL 34715

Title: D
Name: INGRAM, JOHN
Address: 15222 HAYS RD.
City-St-Zip: SPRING HILL, FL 34610

Title: D
Name: WELLS, PAT
Address: 205 SISCO RD.
City-St-Zip: POMONA PARK, FL 32181

I hereby 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 all other like empowered.

SIGNATURE: PAM SCOTT

D

02/15/2012

Electronic Signature of Signing Officer or Director

Date