


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90017 037 ****61.25

DOCUMENT # N29576					
1. Entity Name THE FLORIDA SPORT HORSE CLUB, INC.					
Principal Place of Business 1800 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884 US			Mailing Address 2526 REYNOLDS RD LAKELAND, FL 33801 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <u>2077 W Lake Hamilton Dr.</u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <u>Winter Haven</u>		
Zip	Country	Zip	Country	4. FEI Number 59-2923113	
<u>33881</u>	<u>USA</u>	<u>33881</u>	<u>USA</u>	Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OHNIKIAN, PATRICIA 907B E. LEMONS ST LAKELAND, FL 33801				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name <u>Cloninger, Judy H.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2077 W. Lake Hamilton Dr.</u> City <u>Winter Haven</u> FL <u>33881</u>				04212008 Chg-NP CR2E037 (12/06)	
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 <u>Judy H. Cloninger</u> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when re-registering)</small>				DATE <u>4-21-08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GAYER, RAE 2108 TRAIL CUT OFF RD POLK CITY, FL 33868	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Charron, Michael 512 Adams Barn Rd Auburndale, FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAASKO, GENE 38 OAKWSON RD WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Jones, Richard 2808 Thornhill Rd Winter Haven 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP CHARRON, BARBARA 512 ADAMS BARN RD AUBURNDAL, FL 33823	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LASSITER, BARBARA 815 WILDWOOD DR BARTOW, FL 33830	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Schneider Janet 2821 Knights Station Rd Lakeland, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARLER, CAROLE L 2526 REYNOLDS RD LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Cloninger, Judy</u> <u>2077 W. Lake Hamilton Dr.</u> <u>Winter Haven</u> <u>33881</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OHNIKIAN, PATRICIA 907 B E. LEMON ST LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Judy H. Cloninger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-21-08</u> Daytime Phone # <u>863-299-8218</u>	