

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31911

FILED
Feb 18, 2008
Secretary of State

Entity Name: THE FLORIDA CRACKER HORSE ASSOCIATION, INC.

Current Principal Place of Business:

THE FLORIDA CRACKER HORSE ASSOC INC
2992 LAKE BRADFORD ROAD SOUTH
TALLAHASSEE, FL 32310 US

New Principal Place of Business:

Current Mailing Address:

2992 LAKE BRADFORD ROAD SOUTH
TALLAHASSEE, FL 32310 US

New Mailing Address:

FEI Number: 59-2966155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, JAMES B EX. DIR
2992 LAKE BRADFORD ROAD SOUTH
TALLAHASSEE, FL 32310 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: PRES () Delete
Name: HARDEE, ELLISON
Address: 5750 N. W. 135TH ST.
City-St-Zip: CHIEFLAND, FL 32626 US

Title: VPRS () Delete
Name: GILLEN, JACK
Address: 10841 N.W. HWY 320
City-St-Zip: MICANOPY, FL 32667 US

Title: S/T () Delete
Name: BATEY, FRANK
Address: P.O. BOX 135
City-St-Zip: ARCHER, FL 32618 US

Title: DIR () Delete
Name: WALL, IRIS
Address: P.O. BOX 1
City-St-Zip: INDIANTOWN, FL 34956 US

Title: DIR () Delete
Name: MITCHELL, BUCK
Address: 16251 N.E. 6TH AVE.
City-St-Zip: TRENTON, FL 32693 US

Title: DIR () Delete
Name: DAVIS, BILLY D
Address: 300 BRANDON LANE
City-St-Zip: KENANSVILLE, FL 34739 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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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: JAMES B. LEVY

EXDR

02/18/2008

Electronic Signature of Signing Officer or Director

_____ Date