## 2008 NOT-FOR-PROFIT CORPORATION Y ANNUAL REPORT (AR)

## Mar 28, 2008 8:00 am Secretary of State DOCUMENT # N35271 1. Entity Name 03-28-2008 90023 023 \*\*\*\*61.25 FLYING HARNESS FARM OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2030 SW 13TH PLACE 2030 SW 13TH PLACE BELL FL BELL FL BELL FL 32619 **BELL FL 32619** 2. Principai Place of Business - No P.O. Box # 3. Mailing Address 1800 SW 15 STREET 1800 SW STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State Applied For City & State 4. FEI Number BELL, FL BELL, FL 59-3000002 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 32619 32419 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALKER, JOAN M 1800 SW 15TH STREET Street Address (P.O. Box Number is Not Acceptable) BELL FL 32619 Zip Code 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 Signature, typed or printed name of registered agent and title $\delta$ applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to ... Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Change Addition DVP BOIVEN, LARRY NAME MAME STREET ADDRESS 1709 SW 15TH ST STREET ADDRESS BELL FL 32619 CITY-ST-ZIP CITY-ST-ZIP DST Delete TITLE Change ☐ Addition WALKER, JOAN M NAME NAME 1800 SW 15TH STREET STREET ADDRESS STREET ADDRESS BELL FL 32619 CITY-ST-ZIP CITY-ST-ZIP DVP **Z** Delete noifibbA 🔲 THE TITLE Change WALKER, STEVE NAME MAME STREET ADDRESS 1800 SW 15TH ST STREET ADDRESS **BELL FL 32619** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MORIN, DON NAME NAME PO BOX 718 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BELL FL 32619 CITY-ST-ZiP PD TITLE Delete TITLE Change ☐ Addition WALKER, STEVE NAME 1800 SW 15TH STREET STREET AUDRESS STREET ADDRESS BELL FL 32619 CITY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE Change ✓ Addition QUANDCCIO, ROSS MICKLER, LARRY NAME NAME 205 SW 15TH PLACE STREET ADDRESS 1710 SW IS STREET STREET ADDRESS BELL FL 32619 CITY-ST-ZIP CITY-ST-ZIP BELL, FL 32619

**FILED** 

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.