

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35271

FILED
Mar 17, 2009
Secretary of State

Entity Name: FLYING HARNESS FARM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1800 SW 15TH STREET
BELL, FL 32619 US

New Principal Place of Business:

Current Mailing Address:

1800 SW 15TH STREET
BELL, FL 32619 US

New Mailing Address:

FEI Number: 59-3000002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, JOAN M
1800 SW 15TH STREET
BELL, FL 32619 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: DVP () Delete
Name: BOIVEN, LARRY
Address: 1709 SW 15TH ST
City-St-Zip: BELL, FL 32619

Title: DST () Delete
Name: WALKER, JOAN M
Address: 1800 SW 15TH STREET
City-St-Zip: BELL, FL 32619

Title: D () Delete
Name: MORIN, DON
Address: PO BOX 718
City-St-Zip: BELL, FL 32619

Title: PD () Delete
Name: WALKER, STEVE
Address: 1800 SW 15TH STREET
City-St-Zip: BELL, FL 32619

Title: D () Delete
Name: MICKLER, LARRY
Address: 1710 SW 15TH STREET
City-St-Zip: BELL, FL 32619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FLEMING, PAT
Address: P O BOX 806
City-St-Zip: BELL, FL 32619 US

Title: DST (X) Change () Addition
Name: WALKER, JOAN M
Address: 1800 SW 15TH STREET
City-St-Zip: BELL, FL 32619 US

Title: D (X) Change () Addition
Name: HORTON, LINDA
Address: 2030 SW 13TH PLACE
City-St-Zip: BELL, FL 32619 US

Title: DVP (X) Change () Addition
Name: WALKER, STEVE
Address: 1800 SW 15TH STREET
City-St-Zip: BELL, FL 32619 US

Title: DP (X) Change () Addition
Name: MICKLER, LARRY
Address: 1710 SW 15TH STREET
City-St-Zip: BELL, FL 32619 US

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: JOAN M. WALKER

DST

03/17/2009

Electronic Signature of Signing Officer or Director

Date