

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90031 035 ****61.25

DOCUMENT # N41614

1. Entity Name
FIVE FLAGS ARABIAN HORSE ASSOCIATION, INC.



Principal Place of Business
**C/O ALICE HARRIS
2725 SANDICREST DR
CANTONMENT, FL 32533**

Mailing Address
**C/O ALICE HARRIS
2725 SANDICREST DR
CANTONMENT, FL 32533**

50000440



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3109887

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, ALICE
2725 SANDICREST DR
CANTONMENT, FL 32533**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete
NAME **ALLEN, WENDY**
STREET ADDRESS **6236 BILLOREE ROAD**
CITY-ST-ZIP **PACE, FL 32571**

TITLE **D** ☒ Change ☐ Addition
NAME **Margaret Russell**
STREET ADDRESS **8001 Klondike Road**
CITY-ST-ZIP **Pensacola FL 32526-4365**

TITLE **VP** ☐ Delete
NAME **DENNIS, VICTORIA**
STREET ADDRESS **9805 S LOOP RD**
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **VP** ☐ Change ☐ Addition
NAME **Keri Sims**
STREET ADDRESS **5913 Graham Lane**
CITY-ST-ZIP **Milton FL 32583**

TITLE **S** ☐ Delete
NAME **SCHIRO, CHRISTINA K**
STREET ADDRESS **P O BOX 389**
CITY-ST-ZIP **PENSACOLA, FL 325910369**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **HARRIS, ALICE**
STREET ADDRESS **2725 SANDICREST DR**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ANDREWS, STEVE**
STREET ADDRESS **9855 HEATHER DRIVE**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **JONES, CHRIS**
STREET ADDRESS **2725 SANDICREST DR**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **P** ☒ Change ☐ Addition
NAME **Wendy Allen**
STREET ADDRESS **6236 Billoree Road**
CITY-ST-ZIP **Pace FL 32571**

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:

Alice F Harris

2/15/08

850 595-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
~~50000440~~
#N41614

11 Additions/Changes to Officers & Directors

Title	D
Name	Bev Carson
Street	9855 Heather Drive
City-St.-Zip	Cantonment FL 32533