

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42064

FILED
Jan 08, 2009
Secretary of State

Entity Name: FLORIDA DRAFT HORSE, PONY AND MULE ASSOCIATION, INC.

Current Principal Place of Business:

5422 W WOODLAWN ST
DUNNELLON, FL 34433 US

New Principal Place of Business:

Current Mailing Address:

5422 W WOODLAWN ST
DUNNELLON, FL 34433 US

New Mailing Address:

FEI Number: 59-0238650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENT, MARILYN
5422 W WOODLAWN ST
DUNNELLON, FL 34433 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: P () Delete
Name: KRIETEMEYER, DEBRA
Address: 22051 NW 87 AVE RD
City-St-Zip: MICANOPY, FL 32667

Title: ST () Delete
Name: KENT, MARILYN
Address: 5422 W. WOODLAWN ST
City-St-Zip: DUNNELLON, FL 34433

Title: D () Delete
Name: PUGH, CHARLES
Address: POB 761
City-St-Zip: HIGH SPRINGS, FL 32655

Title: D () Delete
Name: MOE, GARY
Address: 10410 W HWY 40
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: WAGNER, HELEN
Address: 5816 SW 202NDS ST.
City-St-Zip: NEWBERRY, FL 32668

Title: D () Delete
Name: HEFNER, BERNIE
Address: 1100 NE 120TH ST.
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
Name:
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: DEBRA KRIETEMEYER

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date