

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N48588

**Entity Name:** SUNSHINE STATE RACKING, WALKING & SPOTTED SADDLE HORSE ASSOCIATION, INC.

**Current Principal Place of Business:**

15656 PONCE DE LEON BLVD.  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

15656 PONCE DE LEON BLVD.  
BROOKSVILLE, FL 34601 US

**Current Mailing Address:**

15656 PONCE DE LEON BLVD.  
BROOKSVILLE, FL 34601

**New Mailing Address:**

FEI Number: 59-3129423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DES CHAMPS, DEBBIE  
15656 PONCE DE LEON BLVD.  
BROOKSVILLE, FL 34601 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: CONKLE, DONNA  
Address: 30131 ST JOE RD  
City-St-Zip: DADE CITY, FL 33525

Title: DST ( ) Delete  
Name: DESCHAMPS, DEBBIE D  
Address: 15656 PONCE DE LEON BLVD.  
City-St-Zip: BROOKSVILLE, FL 34601

Title: D ( ) Delete  
Name: COTTLE, ELMER  
Address: 226 PADGETT PL.  
City-St-Zip: LAKELAND, FL 33809

**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:

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: DEBBIE D DESCHAMPS

B

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date