2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N94000000639

Entity Name: FIRST COAST HUNTER JUMPER ASSOCIATION, INC.

Current Principal Place of Business:

1282 ARDMORE ST
ST AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

1282 ARDMORE ST
ST AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSHNELL & COMPANY, P.A.
11555 CENTRAL PARKWAY
SUITE 101
JACKSONVILLE, FL 32224 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:	WINES, NANCY	
Address:	1844 WERFORD WAY	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	T	( ) Delete
Name:	RUNK, PATTY	
Address:	1282 ARMORE ST	
City-St-Zip:	ST AUGUSTINE, FL 32092	
Title:	EXS	( ) Delete
Name:	CONKEY, GRETCHEN	
Address:	2540 STERLING OAKS CT	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	S	( ) Delete
Name:	HALEY, SUZANNE	
Address:	12909 MANDARIN PT LN	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	BM	( ) Delete
Name:	LAHEY, CHARLENE	
Address:	157 ALDERSGATE ST	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	BM	( ) Delete
Name:	SADLER, DIANE	
Address:	6448 SHERRY LANE	
City-St-Zip:	ST AUGUSTINE, FL 32095	

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: PATTY RUNK T 04/27/2007
Electronic Signature of Signing Officer or Director — Date