2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N97000004281

Entity Name: RED HILLS HORSE TRIALS, INC.

Current Principal Place of Business:

4000 N. MERIDIAN RD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

PO BOX 14869
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3459779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PERRY, LISA
4000 N. MERIDIAN RD
TALLAHASSEE, FL 32312 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: PD ( ) Delete
Name: PHIPPS, COLIN
Address: 4000 N. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD ( ) Delete
Name: BARRON, JANE
Address: ROUTE 3, BOX 118
City-St-Zip: MONTICELLO, FL 32344

Title: VD ( ) Delete
Name: MAYER, MARVIN
Address: 4000 N. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD (X) Delete
Name: BROOKS, TERRIE
Address: 4000 N. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARRON, JANE
Address: ROUTE 3, BOX 118
City-St-Zip: MONTICELLO, FL 32344

Title: VD (X) Change ( ) Addition
Name: BROOKS, TERRIE
Address: 4000 N. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32312

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: JANE BARRON PD 01/21/2009

Electronic Signature of Signing Officer or Director — Date