

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006362

FILED
Feb 25, 2009
Secretary of State

Entity Name: PINELLAS EQUESTRIAN PARK, INCORPORATED

Current Principal Place of Business:

9200 95TH STREET
LARGO, FL 33777

New Principal Place of Business:

Current Mailing Address:

9200 95TH STREET
LARGO, FL 33777

New Mailing Address:

FEI Number: 59-3546571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEYMOUR, PATRICIA A
9200 95TH STREET
LARGO, FL 33777 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: D () Delete
Name: FLIPPIN, BARBARA
Address: 9700 90TH AVENUE N.
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: FLIPPIN, RICHARD
Address: 9700 90TH AVE NO.
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: BAUM, JUDY
Address: 8690 RUE CHATEAUX DR
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: BAUM, JESSEE
Address: 8690 RUE CHATEAUX DR
City-St-Zip: LARGO, FL 33777

Title: PD () Delete
Name: HENTER, MEL
Address: 9012 86TH AVE
City-St-Zip: LARGO, FL 33777

Title: SD () Delete
Name: SEYMOUR, PATRICIA
Address: 9200 95TH STREET
City-St-Zip: LARGO, FL 33777

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
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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: PATRICIA A SEYMOUR

RA

02/25/2009

Electronic Signature of Signing Officer or Director

Date