2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P07000089414

Entity Name: ALL FLORIDA REINED COW HORSE ASSOCIATION, INC.

Current Principal Place of Business:

861 SINCLAIR DRIVE
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

861 SINCLAIR DRIVE
SARASOTA, FL 34240

New Mailing Address:

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

Name and Address of Current Registered Agent:

HOLMES, JEFFREY J
861 SINCLAIR DRIVE
SARASOTA, FL 34240 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HENNIG, JACK F
Address: 2854 CLIFTON BRYAN ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: VD ( ) Delete
Name: MONTVILLE, BARRY
Address: 6583 SW 13TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: SD ( ) Delete
Name: CAVES, KELLI
Address: POST OFFICE BOX 1065
City-St-Zip: ALTOONA, FL 32702

Title: TD ( ) Delete
Name: HOLMES, JEFFREY J
Address: 861 SINCLAIR DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete
Name: PILOTO, EDWARD F
Address: 18580 FIRST STREET
City-St-Zip: ORLANDO, FL 32833

Title: D ( ) Delete
Name: FAY, ROBIN
Address: 1145 RAMBLEBROOK ST
City-St-Zip: MALABAR, FL 32950

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY J. HOLMES TD 04/24/2008
Electronic Signature of Signing Officer or Director Date