

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000089414

FILED
Jan 07, 2011
Secretary of State

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

Current Principal Place of Business:

498 MAPLE AVE
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2549
FORT PIERCE, FL 34954

New Mailing Address:

FEI Number: 26-0701352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, MICHELE
32801 N HWY 441
LOT 171
OKEECHOBEE, FL 34972 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
Name: HENNIG, JACK F
Address: 2854 CLIFTON BRYAN ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: VD
Name: FAY, ROBIN
Address: 1145 RAMBLEBROOK ST
City-St-Zip: MALABAR, FL 32950

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

Title: TD
Name: MARSHALL, MICHELE
Address: 32801 N HWY 441 LOT 171
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: HARDEE, NANCY
Address: 7810 ROLLING GROVE DR W
City-St-Zip: LAKE LAND, FL 33810

Title: D
Name: BROWN, CHRIS
Address: 15871 CR 675
City-St-Zip: PARRISH, FL 34219

I hereby 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 all other like empowered.

SIGNATURE: MICHELE MARSHALL

TD

01/07/2011

Electronic Signature of Signing Officer or Director

Date