2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90012 030 ****61.25

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DOCUMENT # 712132

1. Entity Name
FLORIDA WALKING AND RACKING HORSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ELAINE MCKAY 12743 TYLER RUN AVENUE ODESSA, FL 33556 US	C/O ELAINE MCKAY 12743 TYLER RUN AVENUE ODESSA, FL 33556 US

02202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1574599 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCKAY, ELAINE
12743 TYLER RUN AVENUE
ODESSA, FL 33556

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRAY, DARREN 2703 CEDARIDGE CIRCLE CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SANDI BARTOLOTTI, SECY 22340 120th St LIVE OAK, FL 32060	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MCMURTREY, DIANA 12222 REAMS ROAD ORLANDO, FL 32836	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FLO VINEYARD, V.P. ~~33~~ 3510 EDSEL AVE ST CLOUD, FL 34772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTOLOTTI, KEN ~~22340 LABTO ST~~ 22346 120th St LIVE OAK, FL 32060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LAURIE WILSON, DIR 1975 N.W 114th LOOP OCALA, FL 34475	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALMIERI, KAREN 2670 DOE TRAIL LOXAHATCHEE, FL 33470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARY CONNOR DIR. 118 ALLEN AVE SW WINTER HAVEN, FL 33880	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCKAY, ELAINE M 12743 TYLER LUN AVENUE ODESSA, FL 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RICK CARL, DIR 5850 NE 150th AVE WILLISTON FL 32696	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN DE WALKER, JANIE 10791 CR 753 WEBSTER, FL 33597	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WELDON VINEYARD, DIR 3510 EDSEL AVE ST CLOUD, FL 34772	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elaine M McKay, Treasurer 4/18/04 813-226-1337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ELAINE M. McKAY