2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State
07-27-2005 90043 023 ****61.25

DOCUMENT # 712132

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

50057732

07242005 Chg-NP CR2E037 (10/03)

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

2. Principal Place of Business	3. Mailing Address
Darren Gray	Darren Gray
Suite, Apt. #, etc.: 2703 Cedaridge Circle	Suite, Apt. #, etc.: 2703 Cedaridge Circle
City & State: Clermont, Fl	City & State: Clermont, Fl
Zip: 34711 Country: USA	Zip: 34711 Country: US

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: Darren Gray
Street Address (P.O. Box Number is Not Acceptable): 2703 Cedaridge Circle
City: Clermont FL Zip Code: 34711

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: D Gray 7/20/05
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 September 7, 2005

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	P Wilson, Laurie 1975 NW 114th Loop Ocala, Fl 34475	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VINEYARD, FLO 3510 EDSEL AVE. SAINT CLOUD, FL 34772	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Mary Anderson 4058 127th Trail N. West Palm Beach, Fl 33411	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTOLOTTI, KEN 22346 120TH ST. LIVE OAK, FL 32060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$ D Kassey Kesselring 17127 9th St. Montverde, Fl 34601	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARTOLOTTI, SANDI 22340 120TH ST LIVE OAK, FL 32060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Darren Gray 2703 Cedaridge Circle Clermont, Fl 34711	☑ 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	D Flo Vineyard 3510 Edsel Ave. Saint Cloud, Fl 34772	☑ 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	D Weldon Vineyard 3510 Edsel Ave Saint 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: D Gray 7/20/05 407/877-6949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #