FILED
Aug 22, 2006 8:00 am
Secretary of State
07-12-2006 90008 048 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 712132

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

Principal Place of Business	Mailing Address
~~DARREN GRAY~~ ~~2703 CEDARBRIDGE CIRCLE~~ ~~CLERMONT, FL 34711 US~~	~~DARREN GRAY~~ ~~2703 CEDARBRIDGE CIRCLE~~ ~~CLERMONT, FL 34711 US~~

07082006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
1975 NW 114th Loop	1975 NW 114th Loop
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Fl	City & State: Ocala, Fl
Zip: 34475 Country:	Zip: 34475 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	7. Name and Address of New Registered Agent
GRAY, DARREN 2703 CEDARBRIDGE CIRCLE CLERMONT, FL 34711	Name: Laurie Wilson Street Address (P.O. Box Number is Not Acceptable): 1975 NW 114th LOOP City: Ocala FL Zip Code: 34475

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (MUST: Registered Agent signature required when name changed)

Filing Fee is $61.25
Due by September 5, 2006

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 WILSON, LAURIE 1975 NW 114TH LOOP OCALA, FL 34475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Kassey Kesselring 17127 9th St. Montverde	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANDERSON, MARY 4058127TH TRAIL N WEST PALM BEACH, FL 33411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Susan Ellison 2489 NW 10th St. Bell, Fl 32619	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTOLOTTI, KEN 22348 120TH ST. LIVE OAK, FL 32060	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bonnie Canter 5850 NE ~~Ken Bartolotti~~ 150 E ST Williston, Fl ~~FL~~ 32696	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRAY, DARREN 2703 CEDARBRIDGE CIRCLE CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Weddon Vineyard 3510 Edsel Ave St. Cloud, Fl 34772	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VINEYARD, FLO 3510 EDSEL AVE SAINT CLOUD, FL 34772	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cathy-Betts 5161 Berkley Rd Ashburndale, Fl 33823	☐ 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 Johnny McKeehan 9821 Eden Ave Hudson, Fl 34667	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kassey Laurie Wilson 7/5/06 7/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #