

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90043 048 \*\*\*\*61.25



**DOCUMENT # N42064**  
 1. Entity Name  
**FLORIDA DRAFT HORSE, PONY AND MULE ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**5422 W WOODLAWN ST 5422 W WOODLAWN ST**  
**DUNNELLO FL 34433 DUNNELLO FL 34433**  
**US US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

1st MOORE CR2E037 (10/07)

4. FEI Number **59-0238650** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KENT, MARILYN**  
**5422 W WOODLAWN ST**  
**DUNNELLO FL 34433**

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 (Marilyn Kent) Sec. [Signature] DATE 2-25-08  
Signature, typed or printed name of registered agent and office if applicable. (NOTE: Registered Agent signature required with reconstituting)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOE, GARY <input checked="" type="checkbox"/> Delete 10410 W HWY 40 OCALA FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KENT, MARILYN <input type="checkbox"/> Delete 5422 W. WOODLAWN ST DUNNELLO FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PUGH, CHARLES POB 761 HIGH SPRINGS FL 32655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DARLING, JACK 1351 SE HWY 40 WILLISTON FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HARRIS, VICKI 4151 NE 147TH CT WILLISTON FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete HEFNER, BERNIE 1100 NE 120TH ST OCALA FL 34470

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input type="checkbox"/> Addition Debra Krietemeyer 22051 NW 87 Ave Rd Micanopy FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Victor Kent 5422 W Woodlawn St Dunnellon FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gary Moe 10410 W Hwy 40 Ocala FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Helen Wagner 5816 SW 202nd St Newberry, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bernie Hefner 1100 NE 120th St Ocala FL 34470

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marilyn Kent [Signature]

2/25/08