


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90166 017 ****61.25

DOCUMENT # N42064

1. Entity Name
FLORIDA DRAFT HORSE, PONY AND MULE ASSOCIATION, INC.



Principal Place of Business
**5422 W WOODLAWN ST
DUNNELLON FL 34433
US**

Mailing Address
**5422 W WOODLAWN ST
DUNNELLON FL 34433
US**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

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 P	MOE, GARY <input type="checkbox"/> Delete	TITLE Sec/Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 10410 W HWY 40		NAME Marilyn Kent	
CITY-ST-ZIP OCALA FL 34482		STREET ADDRESS 5422 W Woodlawn St	
TITLE D	NEVERS, MIKE <input checked="" type="checkbox"/> Delete	CITY-ST-ZIP Dunnellon FL 34433	
STREET ADDRESS 1351 SE HWY 41		TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP WILLISTON FL 32696		NAME Jack Darling, Sr.	
TITLE VP <input type="checkbox"/> Delete		STREET ADDRESS 1351 SE Hwy 41	
STREET ADDRESS 5032 NW 40TH ST		CITY-ST-ZIP Williston FL 32696	
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538		TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete		NAME Dale (Red) Perry	
STREET ADDRESS 5422 W. WOODLAWN ST.		STREET ADDRESS P O Box 1201 1835 SE 27th St	
CITY-ST-ZIP DUNNELLON FL 33433		CITY-ST-ZIP Sumterville FL 33585	
TITLE D <input type="checkbox"/> Delete		TITLE Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2842 SE 21ST AVE		NAME Dale (Red) Perry	
CITY-ST-ZIP SUMTERVILLE FL 33585		STREET ADDRESS P O Box 1201 1835 SE 27th St	
TITLE D <input type="checkbox"/> Delete		CITY-ST-ZIP Sumterville FL 33585	
STREET ADDRESS 1100 NE 120TH ST		TITLE Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP OCALA FL 34470		NAME Hefner, Bernie	
		STREET ADDRESS 1100 NE 120TH ST	
		CITY-ST-ZIP OCALA FL 34470	

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: **Marilyn Kent** Sec/Treas 2/14/03 352-465-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (10/02)