


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000001396
 1. Entity Name
 FLORIDA AGRICULTURE CENTER AND HORSE PARK
 AUTHORITY, INC.



Principal Place of Business : Mailing Address
 5800 VETERANS MEMORIAL DR 5800 VETERANS MEMORIAL DR
 TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32309 US

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02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3371901 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NOYES, SUE
 5800 VETERANS MEMORIAL DR
 TALLAHASSEE, FL 32309

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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. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	NOYES, SUE
STREET ADDRESS	5800 VETERANS MEMORIAL DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	VCD
NAME	REARDON, BOB
STREET ADDRESS	40209 MORNING MIST DR.
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	SD
NAME	SEGAL, FRED
STREET ADDRESS	289 SOUTHEAST 4 AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/17/05-80023-009 61.25

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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: Sue Noyes SUE NOYES 2-16-05 850 332 8738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #