


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90002 041 ****70.00

DOCUMENT # N96000001396

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



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

Mailing Address
5800 VETERANS MEMORIAL DR TALLAHASSEE, FL 32309 US

77763000



2. Principal Place of Business
11008 S. Hwy 475
 Suite, Apt. #, etc.

3. Mailing Address
11008 S. Hwy 475
 Suite, Apt. #, etc.

08162006 Chg-NP CR2E037 (4/06)

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
59-3371901

Applied For
 Not Applicable

Zip
34480

Country
USA

Zip
34480

Country
USA

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

7. Name and Address of New Registered Agent

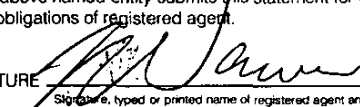
Name
Tom Warriner

Street Address (P.O. Box Number is Not Acceptable)
Florida Horse Park

11008 S. Hwy 475

City
Ocala **FL** Zip **34480**

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 

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NOYES, SUE 5800 VETERANS MEMORIAL DR. TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD REARDON, BOB 40209 MORNING MIST DR. LADY LAKE, FL 32159	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEGAL, FRED 289 SOUTHEAST 4 AVE POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Warriner, Tom 11008 S. Hwy 475 Ocala FL 34480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Hancock, Dick 801 SW 60th Avenue Ocala, FL 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Weber, Chester 9275 SW 9th Street Road Ocala, FL 34481-1410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____