

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 29, 2007  
Secretary of State**

DOCUMENT# N96000001396

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

**Current Principal Place of Business:**

11008 SOUTH HWY 475  
OCALA, FL 34480 US

**New Principal Place of Business:**

**Current Mailing Address:**

11008 SOUTH HWY 475  
OCALA, FL 34480 US

**New Mailing Address:**

**FEI Number:** 59-3371901      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WARRINER, TOM  
FLORIDA HORSE PARK  
11008 SOUTH HWY 475  
OCALA, FL 34480 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: WARRINER, TOM  
Address: 11008 SOUTH HWY 475  
City-St-Zip: Ocala, FL 34480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VCD ( ) Delete  
Name: HANCOCK, DICK  
Address: 801 SW 60TH AVE  
City-St-Zip: Ocala, FL 34474

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD ( ) Delete  
Name: WEBER, CHESTER  
Address: 9275 SW 9TH ST RD  
City-St-Zip: Ocala, FL 34481

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM WARRINER

CD

05/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date