

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701692

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: THE FLORIDA HORSEMEN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4816 PINE NEEDLE DR  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

4816 PINE NEEDLE DR  
ORLANDO, FL 32808

**New Mailing Address:**

FEI Number: 59-8164808      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SILER, BECKY  
7241 COUNTY ROAD 561S  
CLERMONT, FL 34711 US

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

SCOTT-JONES, SHELLEY  
15055 SW 16TH AVE  
OCALA, FL 34473 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: SHELLEY SCOTT-JONES

04/20/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SILER, BECKY  
Address: 7241 CR 561 SOUTH  
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete  
Name: ANDERSON, KEN  
Address: PO BOX 828  
City-St-Zip: ALTOONA, FL 32702

Title: T ( ) Delete  
Name: ENGELHARDT, CINDY  
Address: 4816 PINE NEEDLE DRIVE  
City-St-Zip: ORLANDO, FL 32808

Title: S ( ) Delete  
Name: WEAVER, KATHY  
Address: 1503 WINTER GREEN BLVD  
City-St-Zip: WINTER PARK, FL 32792

Title: S ( ) Delete  
Name: SCOTT-JONES, SHELLEY  
Address: 15055 SW 16TH AVE  
City-St-Zip: OCALA, FL 34473

Title: D ( ) Delete  
Name: BISHOP, STEPHANIE  
Address: 38253 CR 439  
City-St-Zip: EUSTIS, FL 32736

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

Title: P (X) Change ( ) Addition  
Name: SCOTT-JONES, SHELLEY  
Address: 15055 SW 16TH AVE  
City-St-Zip: OCALA, FL 34473

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

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

Title: S (X) Change ( ) Addition  
Name: ALLARD, LAURIE  
Address: P.O. BOX 32702  
City-St-Zip: ALTOONA, FL 32702

Title: S (X) Change ( ) Addition  
Name: MALLIARD, CAROLYN  
Address: 19500 QUARTERLY PKWY  
City-St-Zip: ORLANDO, FL 32833

Title: D (X) Change ( ) Addition  
Name: SILER, BECKY  
Address: 7241 COUNTY ROAD 561 SOUTH  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CYNTHIA M ENGELHARDT

T

04/20/2005

Electronic Signature of Signing Officer or Director

Date