


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90003 013 ****70.00

DOCUMENT # 701692

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



Principal Place of Business
**4816 PINE NEEDLE DR
 ORLANDO, FL 32808**

Mailing Address
**4816 PINE NEEDLE DR
 ORLANDO, FL 32808**

00040600



2. Principal Place of Business
19500 QUARTERLY PKWY

3. Mailing Address
19500 QUARTERLY PKWY

Suite, Apt. #, etc.

07102006 Chg-NP CR2E037 (4/06)

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
50-8464808-16-1767004

Applied For
 Not Applicable

Zip
32833

Country
USA

Zip
32833

Country
USA

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

6. Name and Address of Current Registered Agent

**SCOTT-JONES, SHELLEY
 15055 SW 16TH AVE
 Ocala, FL 34473**

7. Name and Address of New Registered Agent

Name
CAROLYN H MAILLARD

Street Address (P.O. Box Number is Not Acceptable)
19500 QUARTERLY PKWY

City
ORLANDO

FL Zip Code
32833

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 *Carolyn H Maillard* **CAROLYN H MAILLARD** **7/10/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
TREASURER

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	P SCOTT-JONES, SHELLEY 15055 SW 16TH AVE OCALA, FL 34473	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, KEN PO BOX 828 ALTOONA, FL 32702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENGELHARDT, CINDY 4816 PINE NEEDLE DRIVE ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLARD, LAURIE P.O. BOX 32702 ALTOONA, FL 32702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALLIARD, CAROLYN 19500 QUARTERLY PKWY ORLANDO, FL 32833	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILER, BECKY 7241 COUNTY ROAD 561 SOUTH CLERMONT, FL 34711	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JODIE MOORE PO BOX 424 LECANTO, FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKIE BAKER 104 HERON BAY CIR LAKE MARY, FL 32946	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAROLYN MAILLARD 19500 QUARTERLY PKWY ORLANDO, FL 32833	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOPE BINKLEY 18623 LAKE RD ALTOONA, FL 32702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAISSY POOL 2724 W GLEN ST LECANTO, FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLEY SCOTT-JONES	<input checked="" 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: *Carolyn H Maillard* **CAROLYN H MAILLARD** **7/10/06** **407-383-6194**
Signature and typed or printed name of signing officer or director Date Daytime Phone #