


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90042 029 \*\*\*\*61.25

**DOCUMENT # 701692**

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

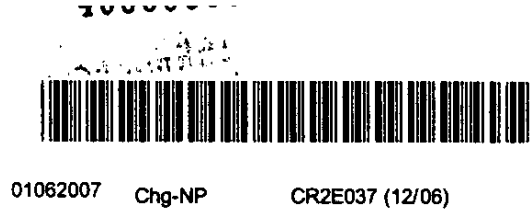


Principal Place of Business  
 19500 QUARTERLY PKWY  
 ORLANDO, FL 32833

Mailing Address  
 19500 QUARTERLY PKWY  
 ORLANDO, FL 32833

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



6. Name and Address of Current Registered Agent  
**MAILLARD, CAROLYN H**  
**19500 QUARTERLY PKWY.**  
**ORLANDO, FL 32833**

4. FEI Number  
**16-1767004**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 TREASURER** 1/6/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

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	P	<input type="checkbox"/> Delete
NAME	MOORE, JODIE	
STREET ADDRESS	PO BOX 424	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAKER, JACKIE	
STREET ADDRESS	104 HERON BAY CIR	
CITY-ST-ZIP	LAKE MARY, FL 32446	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BINKLEY, HOPE	
STREET ADDRESS	18623 LAKE RD.	
CITY-ST-ZIP	ALTOONA, FL 32702	
TITLE	T	<input type="checkbox"/> Delete
NAME	MALLIARD, CAROLYN	
STREET ADDRESS	19500 QUARTERLY PKWY	
CITY-ST-ZIP	ORLANDO, FL 32833	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT-JONES, SHELLEY	
STREET ADDRESS	7241 COUNTY ROAD 561 SOUTH	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	RECORDING SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH PHILLIPS	
STREET ADDRESS	14193 CENTRALIA RD	
CITY-ST-ZIP	BROOKSVILLE, FL 34614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CORRESPONDING SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CNRISSY POOL	
STREET ADDRESS	2724 W GLEN ST	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 TREASURER** 1/6/07 **383-6194**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #