

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90075 014 ****61.25

DOCUMENT # 708633

1. Entity Name
LEON COUNTY HORSEMEN'S ASSOCIATION, INC.



Principal Place of Business
**HORSEMEN'S ASSOCIATION RD.
TALLAHASSEE, FL 32304**

Mailing Address
**P.O. BOX 7564
TALLAHASSEE, FL 32314-7564**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2396091

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, PAMELA A
4555 BRIAR POST RD
TALLAHASSEE, FL 32311**

Name **Michael A. Ramos**

Street Address (P.O. Box Number is Not Acceptable)
2805 Tipperary Drive

City **Tallahassee**

FL

Zip Code
32309

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

Michael A. Ramos

04/17/2007

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 **VP** ☐ Delete
NAME **FREEMAN, PAMELA**
STREET ADDRESS **86 WILDFLOWER LN**
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE **P** ☐ Delete
NAME **GUENTER, MARESCH**
STREET ADDRESS **250 WILLOW ST**
CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE **S** ☒ Delete
NAME **MUELLER, HEATHER**
STREET ADDRESS **4555 BRIAR POST RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE **T** ☒ Delete
NAME **JOHNSTON, PAMELA**
STREET ADDRESS **4555 BRIAR POST RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE **S** ☐ Delete
NAME **MOORE, SALLY**
STREET ADDRESS **9056 COURTLAND WAY**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE **D** ☒ Delete
NAME **CRUM, ALICE**
STREET ADDRESS **173 RED FERN RD**
CITY-ST-ZIP **HAVANA, FL 32333**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Guenter Maresch**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Priscilla McDearmid**
STREET ADDRESS **76 East Kelly Road**
CITY-ST-ZIP **Havana, FL 32333**

TITLE **T** ☐ Change ☒ Addition
NAME **Michael Ramos**
STREET ADDRESS **2805 Tipperary Drive**
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE **D** ☒ Change ☐ Addition
NAME **Sally Bek**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Fred Andrews**
STREET ADDRESS **145 Sunset Lane**
CITY-ST-ZIP **Crawfordville, FL 32327**

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

Guenter Maresch

04/17/2007

(850) 570-6769

Date

Daytime Phone #