


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 05, 2007 8:00 am**  
**Secretary of State**

01-05-2007 90030 015 \*\*\*\*61.25

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<b>DOCUMENT #711794</b>					
1. Entity Name OCALA HORSE FARM COMPLEX ASSOCIATION, INC.					
Principal Place of Business 6967 SW 66TH ST OCALA, FL 34476			Mailing Address 6967 SW 66TH ST OCALA, FL 34476		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2936007	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FURMAN, EDWARD 6967 SW 66TH ST OCALA, FL 34476			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOOKER, JOSEPH R		NAME		
STREET ADDRESS	6855 SW 66TH ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, RORY		NAME		
STREET ADDRESS	7050 SW 70TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PENN, JOHN		NAME		
STREET ADDRESS	7244 SW 70TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MILLER, GAYE		NAME	Mark Carse	
STREET ADDRESS	7098 SW 70TH AVE		STREET ADDRESS	6825 SW 66th St	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP	Ocala, FL 34476	
TITLE	T	<input type="checkbox"/> Delete	TITLE	Edward J. Furman	<input checked="" type="checkbox"/> Change
NAME	FURMAN, EDWARD V		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	6967 SW 66TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Ivory, Ray	<input checked="" type="checkbox"/> Change
NAME	IVORY, REY		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	6555 SW 66TH ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34476		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: <u>Edward Furman</u>			1-4-07 352-732-0171		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		