2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# 711794

Entity Name: OCALA HORSE FARM COMPLEX ASSOCIATION, INC.

Current Principal Place of Business:

6967 SW 66TH ST
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

6967 SW 66TH ST
OCALA, FL 34476

New Mailing Address:

FEI Number: 59-2936007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FURMAN, EDWARD
6967 SW 66TH ST
OCALA, FL 34476 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HOOKER, JOSEPH R	
Address:	6855 SW 66TH ST	
City-St-Zip:	OCALA, FL 34476	
Title:	D	( ) Delete
Name:	MILLER, RORY	
Address:	7050 SW 70TH AVE	
City-St-Zip:	OCALA, FL 34476	
Title:	D	( ) Delete
Name:	PENN, JOHN	
Address:	7244 SW 70TH AVE	
City-St-Zip:	OCALA, FL 34476	
Title:	D	( ) Delete
Name:	CASOE, MARK	
Address:	6825 SW 66TH ST	
City-St-Zip:	OCALA, FL 34476	
Title:	T	( ) Delete
Name:	FURMAN, EDWARD J	
Address:	6967 SW 66TH STREET	
City-St-Zip:	OCALA, FL 34476	
Title:	D	( ) Delete
Name:	IVORY, RAY	
Address:	6555 SW 66TH ST	
City-St-Zip:	OCALA, FL 34476	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDWARD FURMAN TRE 03/25/2009

Electronic Signature of Signing Officer or Director — Date