


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90018 037 \*\*\*\*61.25

<b>DOCUMENT # 712132</b>			
1. Entity Name FLORIDA WALKING AND RACKING HORSE ASSOCIATION, INC.			
Principal Place of Business 1975 NW 114TH LOOP OCALA, FL 34475 US		Mailing Address 1975 NW 114TH LOOP OCALA, FL 34475 US <i>Same</i>	
2. Principal Place of Business - No P.O. Box # 17127 9th St. Suite, Apt. #, etc.		3. Mailing Address <i>Same</i> Suite, Apt. #, etc.	
City & State Montverde, FL		City & State	
Zip 34756		Country US	
4. FEI Number 59-1574599		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 WILSON, LAURIE 1975 NW 114TH LOOP OCALA, FL 34475		7. Name and Address of New Registered Agent Name: Kasey Kesselring Street Address (P.O. Box Number is Not Acceptable): 17127 9th St. Montverde, FL City: Montverde, FL Zip Code: 34756	
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: <i>Kasey Kesselring</i> DATE: 1/28/07			
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: P NAME: WILSON, LAURIE STREET ADDRESS: 1975 NW 114TH LOOP CITY-ST-ZIP: OCALA, FL 34475	<input checked="" type="checkbox"/> Delete	TITLE: Janet Howell - T NAME: Janet Howell STREET ADDRESS: 17127 9th St. CITY-ST-ZIP: Montverde, FL 34756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: GRAY, DARREN - D STREET ADDRESS: 2703 CEDARBRIDGE CIRCLE CITY-ST-ZIP: CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE: Kathy Anderson - D NAME: Kathy Anderson STREET ADDRESS: 2415 Hwy 64 east CITY-ST-ZIP: Shelbyville, TN 37160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: VAN DE WALKER, JANIE STREET ADDRESS: 10791 CR 753 CITY-ST-ZIP: WEBSTER, FL 33597	<input checked="" type="checkbox"/> Delete	TITLE: Wayne Conkle - D NAME: Wayne Conkle STREET ADDRESS: P.O. Box 1479 CITY-ST-ZIP: Bushnell, FL 33513	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Kasey Kesselring - President NAME: Kasey Kesselring STREET ADDRESS: 17127 9th St. CITY-ST-ZIP: Montverde, FL 34756	<input type="checkbox"/> Delete <i>add</i>	TITLE: Diana Mc Murtry - D NAME: Diana Mc Murtry STREET ADDRESS: 12174 walker Pond Rd CITY-ST-ZIP: winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Johnny McKeenan - VP NAME: Johnny McKeenan STREET ADDRESS: 9821 Eden Ave. CITY-ST-ZIP: Hudson, FL 34667	<input type="checkbox"/> Delete	TITLE: Vicki Ritter - D NAME: Vicki Ritter STREET ADDRESS: 18051 Nalle Rd CITY-ST-ZIP: N. Ft. Myers, FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: LeeAnn Osborn - S NAME: LeeAnn Osborn STREET ADDRESS: 11126 Crescent Bay Blvd CITY-ST-ZIP: CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE: Weldon Vineyard - D NAME: Weldon Vineyard STREET ADDRESS: 3510 Edsel Ave. CITY-ST-ZIP: St. Cloud, FL 34772	<input type="checkbox"/> Change <input checked="" 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: <i>Darren Gray</i>		Date: 1/28/07 (352) 243-9026	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	