


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90001 046 \*\*\*\*61.25

<b>DOCUMENT # 712132</b>					
1. Entity Name FLORIDA WALKING AND RACKING HORSE ASSOCIATION, INC.					
Principal Place of Business 17127 9TH STREET MONTVERDE, FL 34756 US			Mailing Address 17127 9TH STREET MONTVERDE, FL 34756 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1574599	
Zip	Country	Zip	Country	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		
KESSELRING, KASEY 17127 9TH STREET MONTVERDE, FL 34756			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) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		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	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, JANET		NAME	JANE VANDE WALKER	
STREET ADDRESS	17127 9TH STREET		STREET ADDRESS	10791 CR 753	
CITY-ST-ZIP	MONTVERDE, FL 34756		CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, KATHY		NAME	DAEREN GRAY	
STREET ADDRESS	2415 HWY. 64 EAST		STREET ADDRESS	11209 SIFE LANE	
CITY-ST-ZIP	SHELBYVILLE, TN 37160		CITY-ST-ZIP	HOWEL IN THE HILLS FL 34737	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONKLE, WAYNE		NAME	JOAN BIRSSAU	
STREET ADDRESS	P.O. BOX 1479		STREET ADDRESS	3633 TURNINGWIND LN	
CITY-ST-ZIP	BUSHNELL, FL 33513		CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSERLING, KASEY		NAME	KESSELRING, KASEY	
STREET ADDRESS	17127 9TH STREET		STREET ADDRESS	17127 9th Street	
CITY-ST-ZIP	MONTVERDE, FL 34756		CITY-ST-ZIP	MONTVERDE, FL 34756	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEEHAN, JOHNNY		NAME	LAURIE WILSON	
STREET ADDRESS	9821 EDEN AVE.		STREET ADDRESS	1975 NW 114 LOOP	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP	OCALA, FL 34475	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORN, LEEANN		NAME	OSBORN, LEEANN	
STREET ADDRESS	11126 CRESCENT BAY BLVD		STREET ADDRESS	11126 CRESENT BAY BLVD	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	CLERMONT, FL 34711	
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>Jane E. Van De Walker</u> JANE E. VANDE WALKER 5/30/08 (352) 568-1941 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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