

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 737993**

1. Entity Name

MID-FLORIDA ARABIAN HORSE ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 787  
SPARR, FL 32192-7787

Mailing Address

P.O. BOX 787  
SPARR, FL 32192-7787



01082004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-6535798

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HAMILTON, ANNE  
1355 SW 80TH STREET  
OCALA, FL 32676

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	LAUREEN, FORD
STREET ADDRESS	12009 NE 8 CT
CITY- ST- ZIP	OCALA, FL
TITLE	D
NAME	MCBRIDE, JOHN
STREET ADDRESS	12345 NW 110 AVE
CITY- ST- ZIP	REDDICK, FL
TITLE	D
NAME	RILEY, ANN
STREET ADDRESS	13901 W HWY 326
CITY- ST- ZIP	MORRISTON, FL
TITLE	D
NAME	WATSON, CODY A
STREET ADDRESS	P.O. BOX 394 HWY 441 N/A
CITY- ST- ZIP	ORANGE LAKE, FL 00000
TITLE	D
NAME	HAMILTON, ANNE
STREET ADDRESS	1355 SW 80TH STREET
CITY- ST- ZIP	OCALA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000010082  
01/22/04-80017-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Laureen Ford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/04 (352) 29-1407

LAUREEN FORD