


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 737993 1. Entity Name MID-FLORIDA ARABIAN HORSE ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 787 SPARR, FL 32192-7787	Mailing Address P.O. BOX 787 SPARR, FL 32192-7787
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6535798	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 HAMILTON, ANNE 1355 SW 80TH STREET OCALA, FL 32676	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAUREEN, FORD 12009 NE 8 CT OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBRIDE, JOHN 12345 NW 110 AVE REDDICK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, ANN 13901 W HWY 326 MORRISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, CODY A P.O. BOX 394 HWY 441 N/A ORANGE LAKE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, ANNE 1355 SW 80TH STREET OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

11000000271023
03/21/05-80031-013 61.25

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: <i>Laureen Ford</i> LAUREEN FORD	Date: 1/6/05	Daytime Phone #: (352) 629-1427
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