

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 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**



01242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6535798</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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	

000000514022  
04/29/06-80151-023 61.25

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Laureen Ford* **LAUREEN FORD**

*4/10/06*

Date

*(352) 629-1427*

Daytime Phone #