# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

# **DOCUMENT# 741469**

FILED Feb 28, 2004 Secretary of State

Entity Name: SOUTHERN REGIONAL PASO FINO HORSE ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

550 NORTHEAST 25TH AVE. OCALA, FL 34470

**Current Mailing Address: New Mailing Address:** 

550 NORTHEAST 25TH AVE. OCALA, FL 34470

FEI Number: 59-3078883 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KENDZIORA, LORELEI V 550 NE 25TH AVENUE OCALA, FL 34470

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.

SIGNATURE:

Date

## Electronic Signature of Registered Agent

### **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition ( ) Delete RAYMOND, RICHARD RAYMOND, RICHARD Name: Name: 11820 SW 121 AVE Address: 11820 SW 121 AVE Address: DUNNELLON, FL 34432 City-St-Zip: DUNNELLON, FL 34432 City-St-Zip:

Title: Title: D.V (X) Change ( ) Addition () Delete GUESS, LISA Name: FELL, CLAYTON P Name:

Address: 2218 HONTOON ROAD Address: 14300 SE CR 475 City-St-Zip: DELAND, FL 32720 City-St-Zip: SUMMERFIELD, FL 34491

Title: () Delete Title: D,S (X) Change ( ) Addition WULFF, DARBY KENNEDY, DALE Name: Name:

Address: 2117 SE 5 ST Address: 5828 NW 96TH LANE City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34482

( ) Delete Title: TD Title: DT (X) Change ( ) Addition

KENDZIORA, LORELEI KENDZIORA, LORELEI Name: Name: Address: 11760 NE 14TH AVE Address: 11760 NE 14TH AVE City-St-Zip: ANTHONY, FL 32617 City-St-Zip: ANTHONY, FL 32617

Title: ( ) Delete Title: () Change () Addition

MALESKE, NANCY Name: Name: 13319 NW 82 ST RD Address: Address: City-St-Zip: OCALA, FL 34482 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

LORENZO, JULIO JUNE. LEE Name: Name: Address: 1085 SE 170 ST Address: 2370 W HWY 329 SUMMERFIELD, FL 34491 CITRA, FL 32113 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORELEI V. KENDZIORA D,T 02/28/2004 BALDWIN, CARLA DIRECTOR 5540 W HWY 329 REDDICK, FL 32686