2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State
02-09-2005 90053 018 ****70.00

DOCUMENT # 741469

1. Entity Name

SOUTHERN REGIONAL PASO FINO HORSE ASSOCIATION, INC.

JUU12735

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
550 NORTHEAST 25TH AVE. OCALA FL 34470	550 NORTHEAST 25TH AVE. OCALA FL 34470

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 8251 SW 27TH AVE	Suite, Apt. #, etc.: 8251 SW 27TH AVE
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34476 Country: MARION	Zip: 34476 Country: MARION

4. FEI Number 59-3078883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: MARCIA WILSON
Street Address (P.O. Box Number is Not Acceptable): 8251 SW 27TH AVE
City: OCALA FL Zip Code: 34476

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: Marcia Wilson — 1/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D,P RAYMOND, RICHARD 11820 SW 121 AVE DUNNELLON FL 34432	☑ Delete	D,T MARCIA WILSON 8251 SW 27TH AVE OCALA, FL 34476	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,V FELL, CLAYTON P 14300 SE CR 475 SUMMERFIELD FL 34491	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,S KENNEDY, DALE 5828 NW 96TH LANE OCALA FL 34482	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,T KENDZIORA, LORELEI 11760 NE 14TH AVE ANTHONY FL 32617	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALESKE, NANCY 13319 NW 82 ST RD OCALA FL 34482	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LORENZO, JULIO 2370 W HWY 329 CITRA FL 32113	☐ Delete		☐ Change ☐ Addition

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: Marcia Wilson — 1/29/05 — (352) 873-2789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #