

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741469

FILED
Jan 10, 2006
Secretary of State

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

Current Principal Place of Business:

8251 SOUTHWEST 27TH AVENUE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

8251 SOUTHWEST 27TH AVENUE
OCALA, FL 34476

New Mailing Address:

FEI Number: 59-3078883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MARCIA
8251 SOUTHWEST 27TH AVENUE
OCALA, FL 34476 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: WILSON, MARCIA
Address: 8251 SOUTHWEST 27TH AVENUE
City-St-Zip: OCALA, FL 34476

Title: D,V () Delete
Name: FELL, CLAYTON P
Address: 14300 SE CR 475
City-St-Zip: SUMMERFIELD, FL 34491

Title: D,S () Delete
Name: KENNEDY, DALE
Address: 5828 NW 96TH LANE
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: MALESKE, NANCY
Address: 13319 NW 82 ST RD
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: LORENZO, JULIO
Address: 2370 W HWY 329
City-St-Zip: CITRA, FL 32113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARCIA WILSON

DT

01/10/2006

Electronic Signature of Signing Officer or Director

Date