

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

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90020 033 \*\*\*\*61.25

**DOCUMENT # 818851**

1. Entity Name  
**WHITE HORSE HOLDING CORPORATION**



Principal Place of Business  
**8347 WEST RANGE COVE.  
MEMPHIS, TN 38125-0721**

Mailing Address  
**8347 WEST RANGE COVE.  
MEMPHIS, TN 38125-0721**

**50002168**



02172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-6050083**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MADIGAN, JOHN A JR.  
318 N MONROE ST  
TALLAHASSEE, FL 32302**

**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	PD
NAME	WOLFF, JAMES A
STREET ADDRESS	12120 EAST MISSION, SUITE 4
CITY-ST-ZIP	SPOKANE, WA 99206
TITLE	VD
NAME	BROWN, JOSEPH R
STREET ADDRESS	6731 W. 108TH TERRACE
CITY-ST-ZIP	OVERLAND PARK, KS 66211
TITLE	STD
NAME	ELLIS, VICTOR A
STREET ADDRESS	1245 LANIER BOULEVARD NE
CITY-ST-ZIP	ATLANTA, GA 30306
TITLE	EVD
NAME	ORIAN, RAYMOND L
STREET ADDRESS	8347 WEST RANGE COVE.
CITY-ST-ZIP	MEMPHIS, TN 38125
TITLE	STD
NAME	John Michael Williams
STREET ADDRESS	522 Colcord Drive
CITY-ST-ZIP	Oklahoma City, OK 73102
TITLE	STD
NAME	Kevin Knaus
STREET ADDRESS	5616 Buckleigh Pointe
CITY-ST-ZIP	Lawrenceville, GA 30044

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied in 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

**RAYMOND L. ORIAN**

**2/28/06 901-748-1868**

Date

Daytime Phone #