


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90757 008 ****70.00

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1. Entity Name
FLORIDA ROCKY MOUNTAIN HORSE ASSOCIATION, INC.



Principal Place of Business
**3108 PROSPECT ROAD
 TAMPA, FL 33629**

Mailing Address
**3108 PROSPECT ROAD
 TAMPA, FL 33629**

2. Principal Place of Business
5325 Bob Smith Ave

3. Mailing Address
5325 Bob Smith Ave

Site, Apt. #, etc.

City & State
Plant City, FL


City & State
Plant City, FL

Zip
33565

Country

6. Name and Address of Current Registered Agent

**LEROY, LAURIE
 5325 BOB SMITH AVE
 PLANT CITY, FL 33565**



04292004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3737062

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: *Laurie LeRoy* **Laurie LeRoy** **Treasurer** **4/29/2004**

(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARRISH, MARY K 13301 MOUNTAIN VIEW CLERMONT, FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEROY, PAUL R 5325 BOB SMITH AVE PLANT CITY, FL 33565	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMS, GREGORY L 3108 PROSPECT ROAD TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEROY, LAURIE A 5325 BOB SMITH AVE PLANT CITY, FL 33565	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKA, BETSY 4850 BELL SHOALS ROAD VALRICO, FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDER, JOANIE 4084 FAIRHILL WAY TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Diane Nelson 6154 N. Sp. Lake Road Brooksville, FL 34601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Laurie LeRoy* **Laurie LeRoy** **Treasurer** **4/29/04** **813-604-1081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #