


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

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90097 046 ****61.25

DOCUMENT # N00000006604			
1. Entity Name FLORIDA ROCKY MOUNTAIN HORSE ASSOCIATION, INC.			
Principal Place of Business 5325 BOB SMITH AVE PLANT CITY FL 33565		Mailing Address 5325 BOB SMITH AVE PLANT CITY FL 33565	
2. Principal Place of Business <i>13301 Mountain View</i>		3. Mailing Address <i>13301 Mountain View</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Clermont FL</i>		City & State <i>Clermont FL</i>	
Zip <i>34715</i>	Country	Zip <i>34715</i>	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3737062		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEROY, LAURIE 5325 BOB SMITH AVE PLANT CITY FL 33565		7. Name and Address of New Registered Agent Name <i>Mary Parrish</i> Street Address (P.O. Box Number is Not Acceptable) <i>13301 Mountain View</i> City <i>Clermont</i> FL Zip Code <i>34715</i>	
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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 _____ (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	DP PARRISH, MARY K 13301 MOUNTAIN VIEW CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Parrish, Mary K <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NELSON, DIANE 6154 NEFF LAKE ROAD BROOKSVILLE FL 34601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DP Carter, Mays F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13301 Mountain View Clermont FL 34715
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	DP Leroy, Laurie A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKA, BETSY 4850 BELL SHOALS ROAD VALRICO FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nelson, Diane <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6154 Neff Lake Rd Brooksville FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDER, JOANIE 4084 FAIRHILL WAY TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mary K Parrish* Mary K Parrish 4/26/2005 407 3561882
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #