

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006604

FILED
Jan 23, 2006
Secretary of State

Entity Name: FLORIDA ROCKY MOUNTAIN HORSE ASSOCIATION, INC.

Current Principal Place of Business:

13301 MOUNTAIN VIEW
CLERMONT, FL 34715

New Principal Place of Business:

Current Mailing Address:

13301 MOUNTAIN VIEW
CLERMONT, FL 34715

New Mailing Address:

FEI Number: 59-3737062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRISH, MARY
13301 MOUNTAIN VIEW
CLERMONT, FL 34715 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: PARRISH, MARY K
Address: 13301 MOUNTAIN VIEW
City-St-Zip: CLERMONT, FL 34711

Title: DV () Delete
Name: LEROY, PAUL R
Address: 5325 BOB SMITH AVE
City-St-Zip: PLANT CITY, FL 33565

Title: DS () Delete
Name: CARTER, MAYE F
Address: 13301 MOUNTAIN VIEW
City-St-Zip: CLERMONT, FL 34715

Title: DP () Delete
Name: LEROY, LAURIE A
Address: 5325 BOB SMITH AVE
City-St-Zip: PLANT CITY, FL 33565

Title: D () Delete
Name: NELSON, DIANE
Address: 6154 NEFF LAKE RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: ELDER, JOANIE
Address: 4084 FAIRHILL WAY
City-St-Zip: TALLAHASSEE, FL 32308

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
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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: MARY K PARRISH

DT

01/23/2006

Electronic Signature of Signing Officer or Director

Date