

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006604

FILED  
Feb 11, 2008  
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 34715

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: ELDER, JOANIE  
Address: 4084 FAIRHILL WAY  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: PARRISH, MARY K  
Address: 13301 MOUNTAIN VIEW  
City-St-Zip: CLERMONT, FL 34715

Title: DV (X) Change ( ) Addition  
Name: LARSON, NATASHA  
Address: 3318 WEST RIVERSIDE DR  
City-St-Zip: FT MYERS, FL 33901

Title: DT (X) Change ( ) Addition  
Name: CARTER, MAYE F  
Address: 13301 MOUNTAIN VIEW  
City-St-Zip: CLERMONT, FL 34715

Title: D (X) Change ( ) Addition  
Name: LEROY, LAURIE A  
Address: 5325 BOB SMITH AVE  
City-St-Zip: PLANT CITY, FL 33565

Title: DS (X) Change ( ) Addition  
Name: ELDER, JOANIE  
Address: 4084 FAIRHILL WAY  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify 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

DP

02/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date