


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90144 002 ****61.25

DOCUMENT # N00000006604

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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3737062**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, GREGORY L
3108 PROSPECT ROAD
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name Laurie LeRoy

Street Address (P.O. Box Number is Not Acceptable)
5325 Bob Smith Ave.

Plant City

City Plant City State FL Zip Code 33565

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 Treasurer 4/23/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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	DP	<input type="checkbox"/> Delete
NAME	PARRISH, MARY K	
STREET ADDRESS	13301 MOUNTAIN VIEW	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WOOD, BARBARA	
STREET ADDRESS	29025 SE HWY 42	
CITY-ST-ZIP	ALTOONA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILLIAMS, GREGORY L	
STREET ADDRESS	3108 PROSPECT ROAD	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LEROY, LAURIE A	
STREET ADDRESS	5325 BOB SMITH AVE	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COMPTON, WILLIAM W	
STREET ADDRESS	7225 N MOBLEY ROAD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COMPTON, LINN L	
STREET ADDRESS	7225 N MOBLEY ROAD	
CITY-ST-ZIP	ODESSA FL 33556	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul R. LeRoy	
STREET ADDRESS	5325 Bob Smith Ave	
CITY-ST-ZIP	Plant City, FL. 33565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betsy Hickas	
STREET ADDRESS	4850 Bell Shoals Rd	
CITY-ST-ZIP	Valrico, FL. 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joanie ELDER	
STREET ADDRESS	4084 Fairhill Way	
CITY-ST-ZIP	Tallahassee, FL. 32308	

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 A. LeRoy (Laurie A. LeRoy) 4/23/2003 813-604-4081

CR2E037 (10/02)