

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90402 036 \*\*\*\*70.00

<b>DOCUMENT # N00000007174</b>						
<b>1. Entity Name</b> AREA III SHETLAND MINIATURE HORSE CLUB, INC.						
<b>Principal Place of Business</b> 10780 NE 47TH AVE ANTHONY, FL 32617			<b>Mailing Address</b> 10780 NE 47TH AVE ANTHONY, FL 32617			
<b>2. Principal Place of Business</b> 10780 N.E. 47th Ave.		<b>3. Mailing Address</b> 10780 N.E. 47th Ave.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b> Anthony, FL.		<b>City &amp; State</b> Anthony, FL.		<b>4. FEI Number</b> 59-3695829		
<b>Zip</b> 32617		<b>Country</b> MARION		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  MORRIS, HOWARD 10780 NE 47TH AVE ANTHONY, FL 32617			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number Is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code			
<b>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.</b>						
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>						
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> DP	<b>NAME</b> MORRIS, HOWARD		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10780 NE 47TH AVENUE	<b>CITY-ST-ZIP</b> ANTHONY, FL 32617			<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD	<b>NAME</b> SNOW, MARK A		<input type="checkbox"/> Delete	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2774 SE 152ND ST.	<b>CITY-ST-ZIP</b> SUMMERFIELD, FL 33491			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> AT	<b>NAME</b> CIMIOTTA, RUTHANNE		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> A/BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4152 SE 150TH ST.	<b>CITY-ST-ZIP</b> SUMMERFIELD, FL 34491			<b>NAME</b> CHARLES CADILL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SA	<b>NAME</b> NAPIER, CYNTHIA		<input checked="" type="checkbox"/> Delete	<b>STREET ADDRESS</b> 7150 N.E. 138th LN.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2509 QUAIL ROOST RD.	<b>CITY-ST-ZIP</b> DOCTORS INLET, FL 32068			<b>CITY-ST-ZIP</b> NEWBERRY, FL. 32669	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TA	<b>NAME</b> MEREDITH, ROSEMARY		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> S/BOD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 7505 LOGHOUSE RD.	<b>CITY-ST-ZIP</b> PLANT CITY, FL 33565			<b>NAME</b> Patricia, Buono	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> BOD	<b>NAME</b> MORRIS, GERADLINE		<input checked="" type="checkbox"/> Delete	<b>STREET ADDRESS</b> 9601 137 N.W. Avenue	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10780 NE 47TH AVE.,	<b>CITY-ST-ZIP</b> ANTHONY, FL 32617			<b>CITY-ST-ZIP</b> MORRISTON, FL. 32668	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> BOD	<b>NAME</b> MORRIS, GERADLINE		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> T/BOD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10780 NE 47TH AVE.,	<b>CITY-ST-ZIP</b> ANTHONY, FL 32617			<b>NAME</b> Geraldine Morris	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> BOD	<b>NAME</b> MORRIS, GERADLINE		<input checked="" type="checkbox"/> Delete	<b>STREET ADDRESS</b> 10780 N.E. 47th Avenue	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10780 NE 47TH AVE.,	<b>CITY-ST-ZIP</b> ANTHONY, FL 32617			<b>CITY-ST-ZIP</b> ANTHONY, FL. 32617	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> BOD	<b>NAME</b> MORRIS, GERADLINE		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> BOD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10780 NE 47TH AVE.,	<b>CITY-ST-ZIP</b> ANTHONY, FL 32617			<b>NAME</b> RUTHANNE CIMIOTTA	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> BOD	<b>NAME</b> MORRIS, GERADLINE		<input checked="" type="checkbox"/> Delete	<b>STREET ADDRESS</b> 4251 S.E. 150th St.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10780 NE 47TH AVE.,	<b>CITY-ST-ZIP</b> ANTHONY, FL 32617			<b>CITY-ST-ZIP</b> SUMMERFIELD, FL. 34491	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>						
<b>SIGNATURE:</b> <i>[Signature]</i>						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
<small>Date</small>						
<small>Daytime Phone #</small>						

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