


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000001494						FILED 06 NOV 28 PM 5:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name FLORIDA QUARTER HORSE BREEDERS AND OWNERS ASSOCIATION, INC.				Principal Place of Business 215 S MONROE ST SECOND FLOOR TALLAHASSEE, FL 32301 <i>1311 Winter Garden Vineland Road</i>			
Mailing Address PO BOX 10095 TALLAHASSEE, FL 32302-2095				2. Principal Place of Business Suite, Apt. #, etc. <i>Winter Garden, Florida</i>			
3. Mailing Address <i>Same as Principal</i>				City & State City & State Zip <i>34787</i> Country <i>USA</i>			
4. FEI Number APPLIED FOR				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DUNBAR, MARC W 215 S MONROE ST SECOND FLOOR TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name <i>Pamela Robb</i> Street Address (P.O. Box Number is Not Acceptable) <i>1311 Winter Garden Vineland Road</i> City <i>Winter Garden</i> FL Zip Code <i>34787</i>			
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and date if appropriate				DATE <i>11/21/06</i> (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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				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.			
TITLE PD NAME DUNBAR, MARC W STREET ADDRESS 215 S MONROE ST SECOND FLOOR CITY-ST-ZIP TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete				TITLE <i>President and Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Pamela Robb</i> STREET ADDRESS <i>1311 Winter Garden Vineland Road</i> CITY-ST-ZIP <i>Winter Garden, Florida 34787</i>			
TITLE D NAME DUNBAR, PETER M STREET ADDRESS 215 S MONROE ST SECOND FLOOR CITY-ST-ZIP TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete				TITLE <i>Vice President and Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Steve Fischer</i> STREET ADDRESS <i>9085 Magnolia Hill Drive</i> CITY-ST-ZIP <i>Tallahassee, Florida 32309</i>			
TITLE D NAME BRANNEN, BRECK STREET ADDRESS 215 S MONROE ST SECOND FLOOR CITY-ST-ZIP TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete				TITLE <i>Secretary and Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Robert Bentley</i> STREET ADDRESS <i>271 County Road 200</i> CITY-ST-ZIP <i>Bunnell, Florida 32110</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <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 <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 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <i>11/21/06</i> (407) DAYTIME PHONE <i>654 0464</i>			