

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90220 019 \*\*\*\*61.25

**DOCUMENT # N04000002312**

1. Entity Name  
**FLORIDA PINTO HORSE ASSOCIATION, INC.**



Principal Place of Business  
P.O. BOX 236842  
COCOA, FL 32923-6842

Mailing Address  
P.O. BOX 236842  
COCOA, FL 32923-6842

**20036008**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006 Chg-NP CR2E037 (11/05)

4. FEI Number  
77-0630390

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KOPE, KATHRYN A  
1001 S. BREVARD AVE  
COCOA BEACH, FL 32931

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 P  
NAME KOPE, KATHRYN A  
STREET ADDRESS 1001 S. BREVARD AVE  
CITY-ST-ZIP COCOA BEACH, FL 32931 ☒ Delete

TITLE VP  
NAME CURL, SANDY  
STREET ADDRESS 5785 - 36TH PLACE  
CITY-ST-ZIP VERO BEACH, FL 32961 ☒ Delete

TITLE S/TR  
NAME NANNEY, AUGUSTA C  
STREET ADDRESS 4804 34TH AVE EAST  
CITY-ST-ZIP BRADENTON, FL 34208 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE P  
NAME Jenny Duda LaGrange  
STREET ADDRESS 1500 Independence Ave  
CITY-ST-ZIP Orlando, FL 32765 ☒ Change ☐ Addition

TITLE VP  
NAME Lec Kidd  
STREET ADDRESS 3603 Monument Drive  
CITY-ST-ZIP Deltona Lakes, FL 32738 ☒ Change ☐ Addition

TITLE SEC  
NAME Kathleen Rossi  
STREET ADDRESS 17313 Meridian Blvd  
CITY-ST-ZIP Hudson, FL 34667 ☒ Change ☐ Addition

TITLE TR  
NAME Lisa Falk  
STREET ADDRESS 1858 Tressy Drive  
CITY-ST-ZIP Biera, FL 32940 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

**SIGNATURE:**

*Kathleen Rossi (Kathleen Rossi)*

4/23/06

(727)860-5259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #