2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State
01-25-2006 90030 033 ****61.25

DOCUMENT # N05000001892

1. Entity Name
FLORIDA HORSE TRIALS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RT. 3, BOX 306 LAKE BUTLER, FL 32054	RT. 3, BOX 306 LAKE BUTLER, FL 32054

01122006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
7608 SW 42 Pl.	Same (7608 SW 42 Pl)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Butler FL	City & State: Lake Butler, FL
Zip: 32054 Country: USA	Zip: 32054 Country: USA

4. FEI Number: 20-2592050 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OGDEN, CAROL RT. 3, BOX 306 LAKE BUTLER, FL 32054	Name: n/a 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: Carol Ogden DATE: 1-23-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD OGDEN, CAROL RT. 3, BOX 306 LAKE BUTLER, FL 32054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carol Ogden 7608 SW 42 Pl. Lake Butler, FL 32054	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HEALY, MARTHA 4307 NW 58TH AVE. GAINESVILLE, FL 32653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RICE, LORI 11220 SW 99TH AVE. GAINESVILLE, FL 32054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Carol Ogden 1-23-06 386-754-6647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #