

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001892

FILED  
Jul 05, 2007  
Secretary of State

**Entity Name:** FLORIDA HORSE TRIALS ASSOCIATION, INC.

**Current Principal Place of Business:**

7608 SW 42ND PL.  
LAKE BUTLER, FL 32054

**New Principal Place of Business:**

**Current Mailing Address:**

7608 SW 42ND PL.  
LAKE BUTLER, FL 32054

**New Mailing Address:**

**FEI Number:** 20-2592050      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

OGDEN, CAROL  
RT. 3, BOX 306  
LAKE BUTLER, FL 32054      US

**Name and Address of New Registered Agent:**

OGDEN, CAROL  
7608 SW 42ND PL.  
LAKE BUTLER, FL 32054      US

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.

SIGNATURE: \_\_\_\_\_

07/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD      ( ) Delete  
Name: OGDEN, CAROL  
Address: 7608 SW 42ND PL.  
City-St-Zip: LAKE BUTLER, FL 32054

Title: VD      ( ) Delete  
Name: HEALY, MARTHA  
Address: 4307 NW 58TH AVE.  
City-St-Zip: GAINESVILLE, FL 32653

Title: SD      ( ) Delete  
Name: RICE, LORI  
Address: 11220 SW 99TH AVE.  
City-St-Zip: GAINESVILLE, FL 32054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA HEALY

VD

07/05/2007

Electronic Signature of Signing Officer or Director

Date