


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90027 026 ****61.25

DOCUMENT # N05000010043 1. Entity Name FLORIDA PONY BREEDERS ASSOCIATION, INC.					
Principal Place of Business 19903 W. NEWBERRY RD NEWBERRY, FL 32669			Mailing Address P.O. BOX 1088 NEWBERRY, FL 32669		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAPELOTO, BECKY 19903 W. NEWBERRY RD NEWBERRY, FL 32669				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2006		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		
TITLE	P BERK, KAREN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	10965 SW 121ST AVE RD		NAME		
STREET ADDRESS	DUNNELLON, FL 34432		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTEVIDEO, MELISSA		NAME	montevideo, melissa	
STREET ADDRESS	19903 W. NEWBERRY RD		STREET ADDRESS	19903 W. Newberry Rd	
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP	Newberry, FL 32669	
TITLE	SEC <input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, DENNA		NAME	Johnson, Denna	
STREET ADDRESS	16025 W. NEWBERRY RD		STREET ADDRESS	16025 W Newberry Rd	
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP	Newberry, FL 32669	
TITLE	TREA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPELOTO, BECKY		NAME		
STREET ADDRESS	19903 W. NEWBERRY RD		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Becky Capeloto</i>			3-18-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		