


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90165 047 \*\*\*\*61.25

<b>DOCUMENT # N05000010043</b> 1. Entity Name <b>FLORIDA PONY BREEDERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>19903 W. NEWBERRY RD NEWBERRY, FL 32669</b>			Mailing Address <b>P.O. BOX 1088 NEWBERRY, FL 32669</b>		
2. Principal Place of Business - No P.O. Box # <b>16245 W. Newberry Rd</b>		3. Mailing Address <b>Same as above</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Newberry, FL</b>		City & State 		4. FEI Number <b>43-2098176</b>	
Zip <b>32669</b>		Country <b>Alachua</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAPELATO, BECKY 19903 W. NEWBERRY RD NEWBERRY, FL 32669</b>			7. Name and Address of New Registered Agent Name <b>Capelato, Becky</b> Street Address (P.O. Box Number is Not Acceptable) <b>16245 W. Newberry Rd</b> City <b>Newberry</b> <b>FL</b> Zip Code <b>32669</b>		
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 <u><i>Becky Capelato</i></u> <span style="float: right;">4-14-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BERK, KAREN</b> <b>10965 SW 121ST AVE RD</b> <b>DUNNELLON, FL 34432</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Johnson, Denna</b> <b>16025 W. Newberry Rd</b> <b>Newberry, FL 32669</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>MONTEVIDEO, MELISSA</b> <b>19903 W. NEWBERRY RD</b> <b>NEWBERRY, FL 32669</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <b>Montevideo, Melissa</b> <b>16245 W. Newberry Rd</b> <b>Newberry, FL 32669</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>JOHNSON, DENNA</b> <b>16025 W NEWBERRY RD</b> <b>NEWBERRY, FL 32669</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>Alicia Padro</b> <b>16117 Lake Iola Rd</b> <b>Dade City, FL 33523</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREA</b> <b>CAPELATO, BECKY</b> <b>19903 W. NEWBERRY RD</b> <b>NEWBERRY, FL 32669</b>	<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	

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 *Becky Capelato* 4/14/07