

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005736

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA FOREVER BACK COUNTRY HORSEMEN, INC.

**Current Principal Place of Business:**

5393 PONY PATH  
BROOKSVILLE, FL 34602

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 815  
BROOKSVILLE, FL 34605

**New Mailing Address:**

**FEI Number:** 35-2300092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, KATHRYN L  
5393 PONY PATH  
BROOKSVILLE, FL 34602 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PREVATT, TRUMAN W  
**Address:** 5393 PONY PATH  
**City-St-Zip:** BROOKSVILLE, FL 34602

**Title:** VP  
**Name:** MACDAVID, SALLY  
**Address:** 5189 S. ROVAN PL  
**City-St-Zip:** LECANTO, FL 34461

**Title:** SEC  
**Name:** PATTON, MARY LOU  
**Address:** 24375 MALVERN ST.  
**City-St-Zip:** BROOKSVILLE, FL 34601

**Title:** TREA  
**Name:** THOMPSON, KATHRYN L  
**Address:** 5393 PONY PATH  
**City-St-Zip:** BROOKSVILLE, FL 34602

I hereby 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 all other like empowered.

**SIGNATURE:** KATHRYN L. THOMPSON

TRE

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date