

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N09901
 1. Entity Name
A.H.O.O.F., THE SUNSHINE STATE HORSE COUNCIL, INC.



Principal Place of Business
**116 HICKORY CREEK DR
 BRANDON, FL 33511**

Mailing Address
**116 HICKORY CREEK DR
 BRANDON, FL 33511**



01272006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2354978

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LAWRY, VICKI
 116 HICKORY CREEK DR.
 BRANDON, FL 33511**

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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 reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCABE-KWARD, BARBARA 28530 SE 174 PLACE UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEREDITH, ROSEMARY 7505 LOGHOUSE RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWRY, VICKI 116 HICKOY CREEK DRIVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORNELE, JEANNE 20151 WELBORN DR. NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD WARE, GLENNA P.O. BOX 1237 ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD WATKINS, JAMES P.O. BOX 1944 LAKELAND, FL 33802

U00000538057
 05/09/06-80024-024 61.25

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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: *ROSEMARY MEREDITH* *James E. Meredith* *4/24/06* *8139867505*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #