

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)

DO NOT WRITE IN THIS SPACE

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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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(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 S
NAME MCCABE-KWARD, BARBARA
STREET ADDRESS 28530 SE 174 PLACE
CITY-ST-ZIP UMATILLA, FL 32784

TITLE T
NAME MEREDITH, ROSEMARY
STREET ADDRESS 7505 LOGHOUSE RD
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE PD
NAME LAWRY, VICKI
STREET ADDRESS 116 HICKOEY CREEK DRIVE
CITY-ST-ZIP BRANDON, FL 33511

TITLE VP
NAME CORNELE, JEANNE
STREET ADDRESS 20151 WELBORN DR.
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

TITLE BD
NAME WARE, GLENNA
STREET ADDRESS P.O. BOX 1237
CITY-ST-ZIP ALTOONA, FL 32702

TITLE BD
NAME WATKINS, JAMES
STREET ADDRESS P.O. BOX 1944
CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/06 8139867505