


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90249 035 ****70.00

DOCUMENT # N11773					
1. Entity Name ORLANDO ARABIAN HORSE CLUB, INC.					
Principal Place of Business PO BOX 666 WINDERMERE, FL 34786			Mailing Address PO BOX 666 WINDERMERE, FL 34786		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01212005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2357432	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POWELL, LISA 1202 CROWN ISLE CIR APOPKA, FL 32712				Name DIANA W KRIZEK	
				Street Address (P.O. Box Number is Not Acceptable) 18839 GROVES DR.	
				City GROVELAND FL Zip Code 34736	
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>Diana W Krizek Treasurer</u>				DATE <u>4/20/05</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete		TITLE	SNOW SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, RHONDA			NAME	MILES RHONDA.
STREET ADDRESS	10424 FLAT LAKE RD			STREET ADDRESS	10424 FLAT LAKE RD.
CITY-ST-ZIP	CLERMONT, FL 34711			CITY-ST-ZIP	CLERMONT FL 34711
TITLE	VD	<input type="checkbox"/> Delete		TITLE	TREASURER. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIZEK, DIANA			NAME	KRIZEK DIANA
STREET ADDRESS	2030 DOWNWOODS LN			STREET ADDRESS	18839 GROVES DR.
CITY-ST-ZIP	WINDERMERE, FL 34186			CITY-ST-ZIP	GROVELAND, FL. 34736
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, LYNN			NAME	SOLITA BAPTISTE
STREET ADDRESS	11375 WILLOW GARDENS DR			STREET ADDRESS	2921 ASHTON TRAIL
CITY-ST-ZIP	WINDERMERE, FL 34786			CITY-ST-ZIP	OVIDO FL 32765.
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, KAREN			NAME	TRACY PAYNE
STREET ADDRESS	501 MAIN STREET			STREET ADDRESS	385 WEKIVA COVE RD
CITY-ST-ZIP	WINDERMERE, FL 34786			CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	THOMAS, KAREN			NAME	
STREET ADDRESS	1220 POINSETTIA AVE			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	KING, DEBORAH			NAME	
STREET ADDRESS	1400 MERCER FERNERY RD			STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32720			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerment.					
SIGNATURE: <u>Diana W Krizek</u>				DATE <u>4/20/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>407-877-0052</u>	

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