




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90081 007 ****61.25

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		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KEREK, DIANA W 18839 GROVES DR GROVELAND, FL 34736			Name KRIZEK DIANA W		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL		Zip Code
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 			3/23/06		DATE
Filing Fee is \$61.25 Due by May 1, 2006			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	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILES, RHONDA		NAME		
STREET ADDRESS	10424 FLAT LAKE RD		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRIZEK, DIANA		NAME		
STREET ADDRESS	18839 GROVES DR		STREET ADDRESS		
CITY-ST-ZIP	GROVELAND, FL 34736		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAPTISTE, SOLITA		NAME		
STREET ADDRESS	2921 ASHTON TRAIL		STREET ADDRESS		
CITY-ST-ZIP	OVIDEO, FL 32765		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAYNE, TRACY		NAME	VIC PRES.	
STREET ADDRESS	385 WEKIVA COVE RD		STREET ADDRESS	ADEL TENNYSON	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	2751 RED BUG LAKE RD.	
TITLE	D	<input type="checkbox"/> Delete	TITLE	CASSELLBERRY FL. 32707	
NAME	THOMAS, KAREN		NAME		
STREET ADDRESS	1220 POINSETTIA AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3/23/06		352-429-8077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #