


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N11773</b> 1. Entity Name <b>ORLANDO ARABIAN HORSE CLUB, INC.</b>					
Principal Place of Business <b>18839 GROVES DRIVE GROVELAND, FL 34736</b>				Mailing Address <b>18839 GROVES DRIVE GROVELAND, FL 34736</b>	
2. Principal Place of Business - No P.O. Box #		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  <b>KRIZEK, DIANA W 18839 GROVES DR GROVELAND, FL 34736</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 <u><i>Diana W Krizek</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>3/31/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>DUNGAN, BARB</b> <b>1120 CASTLEWOOD TERRACE, APT. 106</b> <b>CASSELBERRY, FL 32707</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>KRIZEK, DIANA</b> <b>18839 GROVES DR</b> <b>GROVELAND, FL 34736</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700122488067</b> <b>04/07/08--01044--007 **\$1.25</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BAPTISTE, SOLITA</b> <b>2921 ASHTON TRAIL</b> <b>OVIEDO, FL 32765</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1 SECRETARY</b> <b>BAPTISTE SOLITA.</b> <b>4375 NORTH CR 426</b> <b>GENEVA FL 32732</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>TENNYSON, ADEL</b> <b>2751 RED BUG LAKE RD</b> <b>CASSELBERRY, FL 32707</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRESIDENT</b> <b>BOGAN, ANNETTE</b> <b>1815 PAMS WAY</b> <b>GENEVA FL 32732</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>THOMAS, KAREN</b> <b>1220 POINSETTIA AVE</b> <b>ORLANDO, FL 32801</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DIRECTOR</b> <b>KNAPP PAM</b> <b>788 RICH DR.</b> <b>OVIEDO FL 32765</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>Diana W Krizek</i></u> <b>DIANA W KRIZEK</b> <u>3/31/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03302008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2357432** Applied For  
Not Applicable

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