

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29497

FILED
Jul 17, 2004
Secretary of State

Entity Name: FLORIDA CUTTING HORSE ASSOCIATION, INC.

Current Principal Place of Business:

18108 APSHAWA ROAD
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

18108 APSHAWA ROAD
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 59-2875068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, PAM
18108 APSHAWA ROAD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WARRINER, TOM
Address: 4615 N.W. 110TH AVE.
City-St-Zip: OCALA, FL 34482

Title: VP () Delete
Name: SCOTT, PAM
Address: 18108 APSHAWA RD
City-St-Zip: CLERMONT, FL

Title: D () Delete
Name: KIDD, BILL
Address: 6817 BUSBY RD.
City-St-Zip: HOWEY IN THE HILLS, FL

Title: D () Delete
Name: SIKEL, TED
Address: 3633 PEPPER LANE
City-St-Zip: NEW SMYRNA BEACH, FL

Title: D () Delete
Name: LONG, ROBERT
Address: P.O. BOX 357535
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: WALSH, ERIN
Address: 9 SWAN AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM SCOTT

VP

07/17/2004

Electronic Signature of Signing Officer or Director

Date