

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29497

FILED  
Jul 07, 2005  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: P (X) Change ( ) Addition  
Name: SOKOL, TED  
Address: PEPPER LANE  
City-St-Zip: NEW SMYRNA, FL 34482

Title: VP (X) Change ( ) Addition  
Name: MCDONALD, AL  
Address: HWY 441  
City-St-Zip: REDDICK, FL

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

Title: D (X) Change ( ) Addition  
Name: SCOTT, PAM  
Address: 18108 W APSHAWA RD  
City-St-Zip: CLERMONT, FL 34711

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

D

07/07/2005

Electronic Signature of Signing Officer or Director

Date