


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90220 044 ****61.25

DOCUMENT # N29576	
1. Entity Name THE FLORIDA SPORT HORSE CLUB, INC.	

Principal Place of Business C/O BARBARA LASSITER 1414 COLLINS LANE LAKELAND FL 33803 US	Mailing Address 815 WILDWOOD DR BARTOW FL 33830 US
---	--

2. Principal Place of Business Suite, Apt. #, etc. BLVD. 1800 CYPRESS GARDENS	3. Mailing Address 2526 REYNOLDS RD. Suite, Apt. #, etc.
---	--

City & State WINTER HAVEN, FL	City & State LAKELAND, FL
Zip 33884	Country POLK
Zip 33801	Country POLK

4. FEI Number 59-2923113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LASSITER, BARBARA 815 WILDWOOD DR BARTOW FL 33830	
---	--

7. Name and Address of New Registered Agent Name MARLER, CAROLE LYNN Street Address (P.O. Box Number is Not Acceptable) 2526 REYNOLDS RD. City LAKELAND FL Zip Code 33801	
--	--

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 <i>Carole Lynn Marler</i> 2-22-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>	
--	--

FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GAYER, RAE 2108 TRAIL CUT OFF RD POLK CITY FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAASKO, GENE 38 OAKWOOD RD. WINTER HAVEN, FL 3380 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT JONES, RICHARD 7 JIMMY LEE RD WINTER HAVEN FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GAYER, RAE 2108 TRAIL CUT OFF RD POLK CITY, FL 33868 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP CODY, MARY 2855 SPRING LAKE RD LAKE WALES FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP HOLLEY, TERRI 12161 OLD GRADE RD. POLK CITY, FL 33868 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LASSITER, BARBARA 815 WILDWOOD DR BARTOW FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARLER, CAROLE LYNN 2526 REYNOLDS RD LAKELAND, FL 33801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALEY, BETH 11570 OLD GRADE RD POLK CITY FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHARRON, BARBARA 512 ADAMS BARN RD ABBURDALE, FL 33823 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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 empowered.	
SIGNATURE: <i>Carole Lynn Marler</i> CAROLE LYNN MARLER 2-22-05 863-6651314 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	