

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90018 047 \*\*\*\*61.25

**DOCUMENT # N42064**

1. Entity Name  
**FLORIDA DRAFT HORSE, PONY AND MULE  
ASSOCIATION, INC.**



Principal Place of Business  
**5422 W WOODLAWN ST  
DUNNELLON, FL 34433 US**

Mailing Address  
**5422 W WOODLAWN ST  
DUNNELLON, FL 34433 US**

4004301



01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0238650**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KENT, MARILYN  
5422 W WOODLAWN ST  
DUNNELLON, FL 34433**

**DO NOT WRITE  
IN THIS SPACE**

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 *Marilyn Kent*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/31/06*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MOE, GARY
STREET ADDRESS	10410 W HWY 40
CITY-ST-ZIP	OCALA, FL 34482
TITLE	ST
NAME	KENT, MARILYN
STREET ADDRESS	5422 W. WOODLAWN ST
CITY-ST-ZIP	DUNNELLON, FL 34433
TITLE	D
NAME	ROBERTS, TERRY
STREET ADDRESS	21765 SW 106 LANE RD
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	D
NAME	DARLING, JACK
STREET ADDRESS	1351 SE HWY 40
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	D
NAME	HARRIS, VICKI
STREET ADDRESS	4151 NE 147TH CT
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	VP
NAME	HEFNER, BERNIE
STREET ADDRESS	1100 NE 120TH ST
CITY-ST-ZIP	OCALA, FL 34470

**DO NOT WRITE  
IN THIS SPACE**

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 *Marilyn Kent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/31/06*  
Date

Daytime Phone #