2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 04, 2007 08:00 Al Secretary of State DOCUMENT # N42064 1. Entity Name FLORIDA DRAFT HORSE, PONY AND MULE ASSOCIATION, INC. Principal Place of Business Mailing Address 5422 W WOODLAWN ST 5422 W WOODLAWN ST **DUNNELLON FL 34433 DUNNELLON FL 34433** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 59-0238650 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENT, MARILYN Street Address (P.O. Box Number is Not Acceptable) 5422 W WOODLAWN ST **DUNNELLON FL 34433** City 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 Signature, typed or printed name of registered agent and little if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE U00000690862 - Change ☐ Delete TITLE NAME 04/12/07-80007-008 61.25 MOE, GARY NAME STREET ADDRESS 10410 W HWY 40 STREET ADDRESS CITY-ST-ZIP **OCALA FL 34482** CITY-ST-ZIP Delete TITLE Change ☐ Addition IIIE NAME KENT, MARILYN NAME STREET ADDRESS STREET ADDRESS 5422 W. WOODLAWN ST CITY-ST-ZIP CITY-ST-ZIP **DUNNELLON FL 34433** Delete TITLE HILE Change ☐ Addition NAMÉ NAME PUGH, CHARLES STREET ADDRESS STREET ADDRESS **POB 761** CITY-ST-ZIP CITY-ST-ZIP HIGH SPRINGS FL 32655 IIILE ☐ Addition ☐ Delete TITLE ☐ Change D NAM NAME DARLING, JACK STREET ADDRESS STREET ADDRESS 1351 SE HWY 40 CITY - ST - ZIP CITY-ST-ZIP WILLISTON FL 32696 THE D ☐ Delete ШЕ ☐ Change ☐ Addition NAME HARRIS, VICKI NAME STREET ADDRESS 4151 NE 147TH CT STREET ADDRESS CITY - ST - ZIP WILLISTON FL 32696 CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change ☐ Addition NAME HEFNER, BERNIE NAME STREET ADDRESS 1100 NE 120TH ST STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP **OCALA FL 34470** 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATUR