

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42064

FILED  
Feb 26, 2010  
Secretary of State

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

**Current Principal Place of Business:**

5422 W WOODLAWN ST  
DUNNELLON, FL 34433 US

**New Principal Place of Business:**

22051 NW 87 AVENUE ROAD  
MICANOPY, FL 32667 US

**Current Mailing Address:**

5422 W WOODLAWN ST  
DUNNELLON, FL 34433 US

**New Mailing Address:**

22051 NW 87 AVENUE ROAD  
MICANOPY, FL 32667 US

**FEI Number:** 59-0238650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

KRIETEMEYER, DEBRA J PRES.  
22051 NW 87 AVENUE ROAD  
MICANOPY, FL 32667 US

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: DEBRA J KRIETEMEYER

02/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: KRIETEMEYER, DEBRA J  
Address: 22051 NW 87 AVENUE ROAD  
City-St-Zip: MICANOPY, FL 32667

Title: VP  
Name: PUGH, CHARLES  
Address: P O BOX 761  
City-St-Zip: HIGH SPRINGS, FL 32655

Title: S/T  
Name: FORBIDUSSI, JOANNE  
Address: 4681 W WOODLAWN ST  
City-St-Zip: DUNNELLON, FL 34433

Title: D  
Name: MOE, GARY  
Address: 10410 W HWY 40  
City-St-Zip: OCALA, FL 34482

Title: D  
Name: DUNN, JACK  
Address: 10397 SE 176 ST  
City-St-Zip: SUMMERFIELD, FL 34491

Title: D  
Name: CASTAGNASSO, DON  
Address: 13809 NE 150 AVE  
City-St-Zip: FT. MCCOY, FL 32134

I hereby 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 all other like empowered.

SIGNATURE: DEBRA J KRIETEMEYER

PRES

02/26/2010

Electronic Signature of Signing Officer or Director

Date