
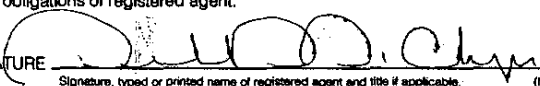



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90115 005 ****70.00

DOCUMENT # N48588					
1. Entity Name SUNSHINE STATE RACKING, WALKING & SPOTTED SADDLE HORSE ASSOCIATION, INC.					
Principal Place of Business 15656 PONCE DE LEON BLVD. BROOKSVILLE, FL 34601			Mailing Address 15656 PONCE DE LEON BLVD. BROOKSVILLE, FL 34601		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3129423	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				07022004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DES CHAMPS, DEBBIE 15656 PONCE DE LEON BLVD. BROOKSVILLE, FL 34601			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 				6/30/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by September 8, 2004		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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONKLE, DONNA	NAME			
STREET ADDRESS	30131 ST JOE RD	STREET ADDRESS			
CITY-ST-ZIP	DADE CITY, FL 33525	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	S/T/O <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DES CHAMPS, DEBBIE	NAME	Debbie D DesChamps		
STREET ADDRESS	15656 PONCE DE LEON BLVD.	STREET ADDRESS	15656 Ponce DeLeon Blvd.		
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP	Brooksville, Fl. 34601		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELLEDGE, JOYCE	NAME			
STREET ADDRESS	6018 SOFFEL DR	STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE, FL 34602	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASSINI, MARIE	NAME			
STREET ADDRESS	1236 SATURN RD.	STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COTTLE, ELMER	NAME			
STREET ADDRESS	226 PADGETT PL.	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33809	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		S/T/O		6/30/04 3527960298	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

44047000

%D04144666666D&