

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90107 016 ****61.25

DOCUMENT # N93000001351

1. Entity Name
FLORIDA REINING HORSE ASSOCIATION, INC.



Principal Place of Business
**P O BOX 770190
OCALA, FL 34477 US**

Mailing Address
**P.O. BOX 770190
OCALA, FL 34477 US**

00010333



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0399785

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOND, ROBERT
P.O. BOX 770190 3284 CR 218
OCALA, FL 34477 MIDDLEBURG, FL 32068**

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

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☒ Delete
NAME RENNIA, ED
STREET ADDRESS 11030 NE 109TH PLACE
CITY-ST-ZIP ARCHER, FL 32618

TITLE PD ☒ Change ☐ Addition
NAME CARMEL CONNOR
STREET ADDRESS 10401 NW 60TH AVE
CITY-ST-ZIP Ocala, FL 34482

TITLE VP ☒ Delete
NAME CONNOR, DAVID
STREET ADDRESS 10401 NW 60TH AVE
CITY-ST-ZIP Ocala, FL 34482

TITLE VP ☒ Change ☐ Addition
NAME ROBERT BOND
STREET ADDRESS 3284 CR 218
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE DVP ☐ Delete
NAME CONNOR, CARMEL
STREET ADDRESS 10401 NW 60TH AVE
CITY-ST-ZIP Ocala, FL 34482

TITLE TRSR ☐ Change ☒ Addition
NAME THERESA DRAWDY
STREET ADDRESS 4500 MILDRED BASS RD.
CITY-ST-ZIP ST CLOUD, FL 34772

TITLE TRSR ☐ Delete
NAME BOND, ROBERT
STREET ADDRESS 3284 CR 218
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carmel M. Connor **CARMEL M. CONNOR**
PRESIDENT

Date

Daytime Phone #

4/4/06 352 622-1786