
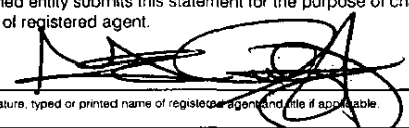
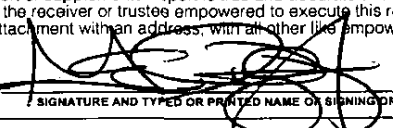


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90033 023 ****61.25

DOCUMENT # N93000001351 1. Entity Name FLORIDA REINING HORSE ASSOCIATION, INC.					
Principal Place of Business 3284 CR 218 MIDDLEBURG, FL 32068 US			Mailing Address P.O. BOX 770190 OCALA, FL 34477 US		
2. Principal Place of Business - No P.O. Box # 605 NW 8th Avenue			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Gainesville, FL 32601			City & State Gainesville, FL 32601		
Zip 32601		Country USA		4. FEI Number 65-0399785	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent BOND, ROBERT 3284 CR 218 MIDDLEBURG, FL 32068			7. Name and Address of New Registered Agent Name: Ernie Turkey All Street Address (P.O. Box Number is Not Acceptable): 605 NW 8th Avenue City: Gainesville FL Zip Code: 32601		
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:  <small>(Signature, typed or printed name of registered agent and title if applicable)</small>			DATE: 4/16/2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008			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 NAME STREET ADDRESS CITY-ST- ZIP	PD BOND, ROBERT 3284 CR 218 MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D ROSI, JOHN 3483 SYLVANIA PLANTATION ROAD GREENWOOD, FL 32443	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PP CONNOR, CARMEL 10401 NW 60TH AVE OCALA, FL 34482	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MABE, JANE 9990 NE 33RD AVE. ANTHONY, FL 32617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TRSR DRAWDY, THERESA 4500 MILDRED BASS ROAD SAINT CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	TRSR Ernie Turkey All 605 NW 8th Avenue Gainesville, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 4/16/2008 DAYTIME PHONE: 352-355-6480		