
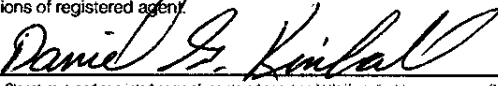
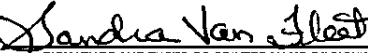


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90040 014 \*\*\*\*61.25

<b>DOCUMENT # N93000002117</b>			
1. Entity Name <b>WILLISTON HORSEMAN'S ASSOCIATION, INC.</b>			
Principal Place of Business 701 SW 7 AVE WILLISTON, FL 32696		Mailing Address P.O. BOX 756 WILLISTON, FL 32696-0756 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NASH, MARLENE 11289 NW 104TH PLACE OCALA, FL 34482		Name <b>Daniel Kimball</b> Street Address (P.O. Box Number is Not Acceptable) <b>18271 SE 11th Pl</b> City <b>Williston</b> <b>FL</b> Zip Code <b>32696</b>	
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 		DATE <b>2/13/04</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	VPD <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBALL, DANNY	NAME	Kimball, Daniel
STREET ADDRESS	18271 SE 11TH PL	STREET ADDRESS	18271 SE 11th Pl
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP	Williston, FL 32696
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDRAY, ALFRED	NAME	Pendray, Alfred
STREET ADDRESS	RT 2 BOX 1950	STREET ADDRESS	Rt. 2 Box 1950
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP	Williston, FL 32696
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULKEY, STEVE	NAME	Woulf, Linda
STREET ADDRESS	14091 SE 10TH STREET	STREET ADDRESS	15810 NE 46th St.
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP	Williston, FL 32696
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Tres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRETT, TIM	NAME	Van Fleet, Sandra
STREET ADDRESS	3351 NE 127TH CT.	STREET ADDRESS	8135 NW 131 ST. RD.
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP	Reddick, FL 32686
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	Membership Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NASH, MARLENE	NAME	Barley, Laura
STREET ADDRESS	11289 NW 104TH PLACE	STREET ADDRESS	650 NE Hwy 41
CITY-ST-ZIP	OCALA, FL 34482	CITY-ST-ZIP	Williston, FL 32696
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULKEY, DONNA	NAME	Oliver, Kelly
STREET ADDRESS	14091 SE 10TH STREET	STREET ADDRESS	5550 NE State Road 121
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP	Williston, FL 32696
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: 		SIGNATURE: <b>Sandra Van Fleet</b> <b>2/13/04</b> <b>(352) 591-2687</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Attachment

Date# 24010887  
N 93000002117

Additional Directors

D

Long, Leslie  
4551 NE 95<sup>th</sup> Ave  
Bronson, Fl. 32621

D

Kimball, Kim  
18271 SE 11<sup>th</sup> Pl  
Williston, Fl. 32696

D

Markham, Terry  
8350 NE 150<sup>th</sup> Ave.  
Williston, Fl. 32696

D

Fleming, Carl  
7785 SW 19<sup>th</sup> Pl.  
Ocala, Fl. 34474

D

Dickinson, Albert  
7785 SW 19<sup>th</sup> Pl.  
Ocala, Fl. 34474

D

Mello, Michelle  
19331 SE 30<sup>th</sup> St.  
Morriston, Fl. 32668