
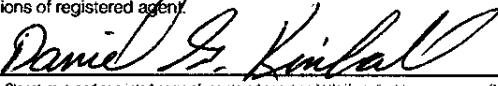
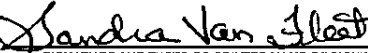


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N93000002117					
1. Entity Name WILLISTON HORSEMAN'S ASSOCIATION, INC.					
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	4. FEI Number 59-3182092	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 Daniel Kimball	
				Street Address (P.O. Box Number is Not Acceptable)	
				18271 SE 11th Pl	
				City Williston	
				FL	
				Zip Code 32696	
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 2/13/04	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 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	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: 				DATE: 2/13/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # (352) 591-2687	

Attachment

Doc# 24010887
N 93000002117

Additional Directors

D

Long, Leslie
4551 NE 95th Ave
Bronson, Fl. 32621

D

Kimball, Kim
18271 SE 11th Pl
Williston, Fl. 32696

D

Markham, Terry
8350 NE 150th Ave.
Williston, Fl. 32696

D

Fleming, Carl
7785 SW 19th Pl.
Ocala, Fl. 34474

D

Dickinson, Albert
7785 SW 19th Pl.
Ocala, Fl. 34474

D

Mello, Michelle
19331 SE 30th St.
Morriston, Fl. 32668