


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90019 003 ****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				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIMBALL, DANIEL 18271 SE 11TH PL WILLISTON, FL 32696			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 <i>Daniel Kimball</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			03/14/05 <small>(NOTE: Registered Agent signature required when re-registering)</small>		DATE
Filing Fee is \$61.25 Due by May 1, 2005		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	KIMBALL, DANIEL	NAME			
STREET ADDRESS	18271 SE 11TH PL	STREET ADDRESS			
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PENDRAY, ALFRED	NAME			
STREET ADDRESS	RT 2 BOX 1950	STREET ADDRESS			
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOULF, LINDA	NAME			
STREET ADDRESS	15810 NE 48TH ST.	STREET ADDRESS			
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAN FLEET, SANDRA	NAME	SANDI Levesgue		
STREET ADDRESS	8135 NW 131 ST. RD.	STREET ADDRESS	6851 NE CR 337		
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP	BRANSON, FL 32621		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLIVER, KELLY	NAME			
STREET ADDRESS	5550 NE SR 121	STREET ADDRESS			
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP			
TITLE	MS <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARLEY, LAURA	NAME	Kimberly Kimball		
STREET ADDRESS	650 NW 131 ST. RD.	STREET ADDRESS	18271 SE 11TH PL		
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: <i>Sandi Levesgue</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/3/05 <small>Date</small>		352-221-0071 <small>Daytime Phone #</small>