


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 |
| 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> | | | | DATE <i>03/14/05</i> | |
| 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 | <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 | <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> SANDI Levesgue | | | | Date <i>3/3/05</i> 352-221-0071 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |



02282005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3182092 Applied For Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE