


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

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**



03312006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3182092 | Applied for Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**KIMBALL, DANIEL
 18271 SE 11TH PL
 WILLISTON, FL 32696**

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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 I accept the obligations of registered agent.

SIGNATURE: *Daniel G. Kimball* 3/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

100000505904
 04/26/06-00183-015 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KIMBALL, DANIEL 18271 SE 11TH PL WILLISTON, FL 32696 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PENDRAY, ALFRED RT 2 BOX 1950 WILLISTON, FL 32696 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WOULF, LINDA 15810 NE 46TH ST. WILLISTON, FL 32696 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LEVESGUE, SANDI 6851 NE CR 337 BRONSON, FL 32621 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OLIVER, KELLY 5550 NE SR 121 WILLISTON, FL 32696 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KIMBALL, KIMBERLY 18271 SE 11TH PL WILLISTON, FL 32696 |

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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: *Sandi Levesgue* 3/30/06 352-221-0071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #