

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002117

FILED  
Feb 09, 2007  
Secretary of State

Entity Name: WILLISTON HORSEMAN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

701 SW 7 AVE  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 756  
WILLISTON, FL 326960756 US

**New Mailing Address:**

FEI Number: 59-3182092      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KIMBALL, DANIEL  
Address: 18271 SE 11TH PL  
City-St-Zip: WILLISTON, FL 32696

Title: VP ( ) Delete  
Name: PENDRAY, ALFRED  
Address: RT 2 BOX 1950  
City-St-Zip: WILLISTON, FL 32696

Title: S ( ) Delete  
Name: WOULF, LINDA  
Address: 15810 NE 46TH ST.  
City-St-Zip: WILLISTON, FL 32696

Title: T ( ) Delete  
Name: LEVESGUE, SANDI  
Address: 6851 NE CR 337  
City-St-Zip: BRONSON, FL 32621

Title: D ( ) Delete  
Name: OLIVER, KELLY  
Address: 5550 NE SR 121  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: KIMBALL, KIMBERLY  
Address: 18271 SE 11TH PL  
City-St-Zip: WILLISTON, FL 32696

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SAYLOR, NICHOLLE  
Address: P.O. BOX 22  
City-St-Zip: WILLISTON, FL 32696

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SAYLOR, KELLY  
Address: P.O. BOX 387  
City-St-Zip: WILLISTON, FL 32696

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDI LEVESQUE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T

02/09/2007

\_\_\_\_\_  
Date