

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2008
Secretary of State**

DOCUMENT# N93000002117

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: SAYLOR, NICHOLLE
Address: P.O. BOX 22
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: SAYLOR, KELLY
Address: P.O. BOX 387
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: D (X) Change () Addition
Name: WARSING, DAWN
Address: 2371 NE 105TH AVE
City-St-Zip: BRONSON, FL 32621

I hereby certify that the information supplied with this filing does not qualify 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

TREA

01/22/2008

Date