

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000002117

FILED  
Jul 11, 2012  
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:**

PENDRAY, ALFRED  
RT 2 BOX 1950  
WILLISTON, FL 32696 US

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

CARMICHAEL, KIM  
15050 NE 3RD PLACE  
WILLISTON, FL 32696 US

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: KIM CARMICHAEL

07/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: REID, DUKE  
Address: 11350 NE 30TH STREET  
City-St-Zip: BRONSON, FL 32621

Title: VP  
Name: POGUE, DEAN  
Address: P.O. BOX 756  
City-St-Zip: WILLISTON, FL 32696

Title: S  
Name: WIYGUL, CORI  
Address: P.O. BOX 756  
City-St-Zip: WILLISTON, FL 32696

Title: T  
Name: CARMICHAEL, KIM  
Address: 15050 NE 3RD PLACE  
City-St-Zip: WILLISTON, FL 32696

I hereby 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 all other like empowered.

SIGNATURE: KIM CARMICHAEL

T

07/11/2012

Electronic Signature of Signing Officer or Director

Date