

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001566

FILED
Feb 19, 2009
Secretary of State

Entity Name: OCALA ARABIAN HORSE ASSOCIATION, INC.

Current Principal Place of Business:

12009 NE 8 CT
OCALA, FL 34479 US

New Principal Place of Business:

Current Mailing Address:

12009 NE 8 CT
OCALA, FL 34479 US

New Mailing Address:

FEI Number: 59-3246305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, LAUREEN
12009 N.E. 8 CT.
OCALA, FL 34479 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: VP () Delete
Name: PAISLEY, DEBBIE
Address: 13990 NW HWY 464 B
City-St-Zip: MORRISTON, FL 32668

Title: P () Delete
Name: RANNENBERG, JOHN
Address: P.O. BOX 57
City-St-Zip: ORANGE LAKE, FL 32681

Title: S () Delete
Name: JAREMA, SABRINA
Address: P.O. BOX 026115 810 NW 86 AVE.
City-St-Zip: FAIRVIEW, FL 32634

Title: T () Delete
Name: FORD, LAUREEN
Address: 12009 NE 8 CT
City-St-Zip: OCALA, FL 34479

Title: D () Delete
Name: ALEXANDER, RANDY
Address: PO BOX 573
City-St-Zip: ARCHER, FL 32618

Title: D () Delete
Name: SHAW, SALLY
Address: 2851 W. HWY 318
City-St-Zip: CIRTA, FL 32113

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:

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City-St-Zip:

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

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

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: LAUREEN FORD

T

02/19/2009

Electronic Signature of Signing Officer or Director

Date