## 2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N94000001566

TI FILED
Sep 16, 2010
Secretary of State

Entity Name: OCALA ARABIAN HORSE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2809 W. HIGHWAY 318 CITRA, FL 32113 US

Current Mailing Address: New Mailing Address:

2809 W. HIGHWAY 318 CITRA, FL 32113 US

FEI Number: 59-3246305 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

 FORD, LAUREEN
 COPPING, BARBARA J

 12009 N.E. 8 CT.
 2809 W HIGHWAY 318

 OCALA, FL 34479
 US

 CITRA, FL 32113
 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: BARBARA J COPPING 09/16/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: VP

 Name:
 PETZOLD, KRISTEN

 Address:
 4411 W HIGHWAY 318

 City-St-Zip:
 CITRA, FL 32113

Title: F

Name: RANNENBERG, JOHN Address: P.O. BOX 57

City-St-Zip: ORANGE LAKE, FL 32681

Title: S

Name: JAREMA, SABRINA

Address: P.O. BOX 026115 810 NW 86 AVE.

City-St-Zip: FAIRVIEW, FL 32634

Title: T

 Name:
 MIDDLETON, BRIDGET

 Address:
 13151 NE 49TH STREET

 City-St-Zip:
 WILLISTON, FL 32696

Title: D

Name: ROBERTS, LINDA Address: PO BOX 847 City-St-Zip: SPARR, FL 32192

Title:

Name: KINLEY, JOE

Address: 14945 SW 37 TERRACE City-St-Zip: OCALA, FL 34473

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: BARBARA J COPPING RA 09/16/2010