

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001566

FILED  
Mar 23, 2011  
Secretary of State

**Entity Name:** OCALA ARABIAN HORSE ASSOCIATION, INC.

**Current Principal Place of Business:**

2809 W. HIGHWAY 318  
CITRA, FL 32113 US

**New Principal Place of Business:**

**Current Mailing Address:**

2809 W. HIGHWAY 318  
CITRA, FL 32113 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:**

COPPING, BARBARA J  
2809 W HIGHWAY 318  
CITRA, FL 32113 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  
Name: PETZOLD, KRISTEN  
Address: 4411 W HIGHWAY 318  
City-St-Zip: CITRA,, FL 32113

Title: P  
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: SHAW, SALLY  
Address: 2851 W HIGHWAY 318  
City-St-Zip: CITRA, FL 32113

Title: D  
Name: PAISLEY, DEBBIE  
Address: 13990 NW HIGHWAY 464 B  
City-St-Zip: MORRISTON, FL 32668

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

03/23/2011

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

\_\_\_\_\_  
Date