

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90066 006 ****61.25

DOCUMENT # N95000003947

1. Entity Name

TAYLOR COUNTY HORSEMAN'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

400 BISHOP BLVD
PERRY FL 32347
US

POST OFFICE BOX 1153
PERRY FL 32347

2. Principal Place of Business

400 Bishop Blvd

3. Mailing Address

P.O. Box 1153

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Perry fl.

City & State

Perry fl.

4. FEI Number

59-3339889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, ROCKY
3279 WASH DAVIS ROAD
PERRY FL 32347

7. Name and Address of New Registered Agent

Name

Tony Smith

Street Address (P.O. Box Number is Not Acceptable)

431 W. Hampton Springs Ave

1

City

Perry

FL

Zip Code

32347

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tony Smith

3-8-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME ANDERSON, ROCKY ☐ Delete
STREET ADDRESS 3729 WASH DAVIS ROAD
CITY-ST-ZIP PERRY FL 32347

TITLE DT
NAME PARKER, JO ANN ☐ Delete
STREET ADDRESS 3888 FOLEY CUT OFF
CITY-ST-ZIP PERRY FL 32347

TITLE DS
NAME BROWN, URSULA ☐ Delete
STREET ADDRESS 118 WORLEY WAY
CITY-ST-ZIP PERRY FL 32347

TITLE D
NAME CROFT, BETTY JO ☐ Delete
STREET ADDRESS 1859 SHILOH SH RD
CITY-ST-ZIP PERRY FL 32347

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TONY SMITH ☒ Change ☐ Addition
NAME
STREET ADDRESS 431 W. HAMPTON SPRING AVE
CITY-ST-ZIP PERRY FL 32347

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MELISSA MORGAN ☒ Change ☐ Addition
NAME
STREET ADDRESS 4380 TUCUEN RD
CITY-ST-ZIP PERRY FL 32348

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tony Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04

Date

584. 6169

Daytime Phone #