

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90301 040 ****61.25

DOCUMENT # N95000003947

1. Entity Name

TAYLOR COUNTY HORSEMAN'S ASSOCIATION, INC.



Principal Place of Business

400 BISHOP BLVD
PERRY FL 32347
US

Mailing Address

POST OFFICE BOX 1153
PERRY FL 32347

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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

SMITH, TONY
431 W. HAMPTON SPRING AVE
PERRY FL 32347

7. Name and Address of New Registered Agent

Name Rocky Anderson

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

3729 WASH DAVIS ROAD

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

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

(NOTE: Registered Agent signature required when reinstating)

2/22/05

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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	<input checked="" type="checkbox"/> Delete
NAME	SMITH, TONY	
STREET ADDRESS	431 W. HAMPTON SPRING AVE	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PARKER, JO ANN	
STREET ADDRESS	3888 FOLEY CUT OFF	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MORSAN, MELISSA	
STREET ADDRESS	4380 TURNER RD	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROFT, BETTY JO	
STREET ADDRESS	1859 SHILOH SH RD	
CITY-ST-ZIP	PERRY FL 32347	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rocky Anderson	
STREET ADDRESS	3729 WASH DAVIS ROAD	
CITY-ST-ZIP	Perry, FL 32347	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROFT, Betty Jo	
STREET ADDRESS	1859 SHILOH CH RD	
CITY-ST-ZIP	Perry, FL 32347	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05

Day

(850)

584-8822

Daytime Phone #