

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90189 036 \*\*\*\*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

400 Bishop Blvd

3. Mailing Address

PO Box 1153

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Perry, FL

City & State

Perry FL

4. FEI Number

59-3339889

Applied For

Not Applicable

Zip

32347

Country

US

Zip

32348

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, ROCKY  
3729 WASH DAVIS RD  
PERRY FL 32347

*OK*

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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** ☒ Delete  
NAME ANDERSON, ROY  
STREET ADDRESS 3729 WASH DAVID RD  
CITY-ST-ZIP PERRY FL 32347

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

TITLE **DS** ☒ Delete  
NAME CROFT, BETTY JO  
STREET ADDRESS 1859 SHILOH CH RD  
CITY-ST-ZIP PERRY FL 32347

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **D** ☐ Change ☒ Addition  
NAME Johnny EDWARDS  
STREET ADDRESS 2828 THREE PINES LN  
CITY-ST-ZIP Perry FL 32348

TITLE ☐ Change ☒ Addition  
NAME ~~XXXXXXXXXX~~  
STREET ADDRESS ~~XXXXXXXXXX~~  
CITY-ST-ZIP ~~XXXXXXXXXX~~

TITLE ☐ Change ☒ Addition  
NAME Tammy Searcy  
STREET ADDRESS 10114 Puckett Rd  
CITY-ST-ZIP Perry, FL 32348

TITLE **D** ☐ Change ☒ Addition  
NAME Anderson Rocky  
STREET ADDRESS 3729 WASH DAVIS Rd  
CITY-ST-ZIP Perry FL 32347

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 exemptions contained in Section 119, 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:

*Rocky Anderson* Rocky Anderson 2/28/06 5846425