2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2007 8:00 am **Secretary of State** DOCUMENT # N95000003947 1. Entity Name 02-28-2007 90009 006 ****61.25 TAYLOR COUNTY HORSEMAN'S ASSOCIATION, INC. Principal Place of Business Mailing Address 400 BISHOP BLVD POST OFFICE BOX 1153 PERRY FL 32347 **PERRY FL 32348** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3339889 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ANDERSON, ROCKY 3729 WASH DAVIS RD **PERRY FL 32347** 2860 HWY 27 EAST 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 it applicable (NOTE Registered Agent signature required when teinstitling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President Delete ☐ Change Addition THEF THILE Pete Bishop East NAME NAMÉ EDWARDS, JOHNNY 3860 Hwy 37 STREET ADORESS 2828 THREE PINES LN STREET ADDRESS 32347 CITY-ST-7IP Perry CITY-ST-ZIE PERRY FL 32348 Delete Ш Change 1 Addition Sherry Cousey 113 Poppeil Dr SEARCY, TOMMY NAME NAME STRUCT ADDRESS STREET ADDRESS 10114 PECKETT RD CHY ST-78 CHY-St-ZIP PERRY FL 32348 ☐ Delete HILL ☐ Change Addition 1IILE NAM ANDERSON, ROCKY STREET ADDRESS STREET ADDRESS 3729 WASH DAVIS RD CITY SE-7IE CHY ST 7IP PERRY FL 32347 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY SI-7IP CITY ST-ZIP ☐ Delete DILL □ Change ■ Addition TITLE NAMI NAME STREET ADORESS STREET ADDRESS CITY-ST-7(P CHY SF-ZIE THE ☐ Delete HITEE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-S1-7IP

SIGNATURE: XX

STREET ADDRESS

CITY - St - ZIP

FILED