

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N95000003947

**FILED**  
**Apr 29, 2013**  
**Secretary of State**

**Entity Name:** TAYLOR COUNTY HORSEMAN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

400 BISHOP BLVD  
PERRY, FL 32347 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1153  
PERRY, FL 32348

**New Mailing Address:**

**FEI Number:** 59-3339889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAUSEY, SHERRY  
3727 CASH RD  
PERRY, FL 32348 US

**Name and Address of New Registered Agent:**

CROFT, BETTY  
2179 E ELLISON RD  
PERRY, FL 32347 US

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: BETTY CROFT

04/29/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ANDERSON, ROCKY  
Address: 3729 WASH DAVIS RD  
City-St-Zip: PERRY, FL 32347

Title: D  
Name: BETTY, CROFT  
Address: 2179 E ELLISON RD  
City-St-Zip: PERRY, FL 32347

Title: D  
Name: JO ANN, PARKER  
Address: 3888 FOLEY CUT-OFF ROAD  
City-St-Zip: PERRY, FL 32348

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: BETTY CROFT

DIR

04/29/2013

Electronic Signature of Signing Officer or Director

Date