

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001396

FILED
May 29, 2007
Secretary of State

Entity Name: FLORIDA AGRICULTURE CENTER AND HORSE PARK AUTHORITY, INC.

Current Principal Place of Business:

11008 SOUTH HWY 475
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

11008 SOUTH HWY 475
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 59-3371901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WARRINER, TOM
FLORIDA HORSE PARK
11008 SOUTH HWY 475
OCALA, FL 34480 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WARRINER, TOM
Address: 11008 SOUTH HWY 475
City-St-Zip: Ocala, FL 34480

Title: VCD () Delete
Name: HANCOCK, DICK
Address: 801 SW 60TH AVE
City-St-Zip: Ocala, FL 34474

Title: SD () Delete
Name: WEBER, CHESTER
Address: 9275 SW 9TH ST RD
City-St-Zip: Ocala, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TOM WARRINER

CD

05/29/2007

Electronic Signature of Signing Officer or Director

Date