


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

|  |   |
|--|---|
| DOCUMENT # N97000004281                        |  |
| 1. Entity Name<br>RED HILLS HORSE TRIALS, INC. |   |

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|--|--|
| Principal Place of Business<br>831 LAKE RIDGE DRIVE<br>TALLAHASSEE, FL 32312 | Mailing Address<br>831 LAKE RIDGE DRIVE<br>TALLAHASSEE, FL 32312 |
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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01172006 No Chg-NP CR2E037 (11/05)

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|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-3459779  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>AUSLEY, SALLIE M<br>3212 THOMASVILLE ROAD<br>TALLAHASSEE, FL 32312   | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>AUSLEY, SALLIE M<br>3212 THOMASVILLE ROAD<br>TALLAHASSEE, FL 32312 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BARRON, JANE<br>ROUTE 3, BOX 118<br>MONTICELLO, FL 32344           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>OCHS, SYLVIA C<br>831 LAKE RIDGE DRIVE<br>TALLAHASSEE, FL 32312   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>ATKINS, CAROL<br>1020 E PEARL ST<br>MONTICELLO, FL 32344           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NELSON, GAYLE<br>3119 BROCKTON WAY<br>TALLAHASSEE, FL 32312         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

*ML*