


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90008 008 ****61.25

DOCUMENT # N97000004646

1. Entity Name
MARION COUNTY HORSEMAN'S ASSOCIATION, INC.



Principal Place of Business
 2830 SE 31 ST
 Ocala, FL 34471 US

Mailing Address
 P O BOX 76
 Ocala, FL 34478-0076 US

2. Principal Place of Business
14300 SE CR 475

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Summerfield FL

City & State
 Suite, Apt. #, etc.

Zip
34491

Country
Marion

Zip
 Country



01142004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3652597

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STACY, ROCKY
 2830 SE 31ST ST
 Ocala, FL 34471

7. Name and Address of New Registered Agent
 Name **Fell, Clayton P**
 Street Address (P.O. Box Number is Not Acceptable)
14300 SE CR 475
 City **Summerfield FL** Zip Code **34491**

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 **Fell CLAYTON P. FELL** DATE **02/10/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STACY, ROCKY 2830 SE 31ST STREET OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Fell, Clayton 14300 SE CR 475 Summerfield, FL 34491 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FELL, CLAYTON 14300 SE CR475 SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Bryant, Angie 1778 NE 3rd St Ocala, FL 34470 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BALDWIN, CARLA 5540 W. HWY 329 REDDICK, FL 32686 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Fleming, Carl 7785 SW 19th PL Ocala, FL 34474 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SELL, ROBERT 2951 HWY 329 ANTHONY, FL 32617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Carl Fleming** DATE: **2/4/04** DAYTIME PHONE #: **352-208-8875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR