


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90074 001 \*\*\*\*61.25

**DOCUMENT # N97000004646**

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



Principal Place of Business  
 14300 SE CR 475  
 SUMMERFIELD, FL 34491 US

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

**50008750**



2. Principal Place of Business  
**7785 SW 19th PL**

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

01162005 Chg-NP CR2E037 (10/03)

City & State  
**Ocala FL**

City & State

4. FEI Number  
**59-3652597**

Applied For  
 Not Applicable

Zip  
**34474**

Country  
**US**

Zip Country

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

6. Name and Address of Current Registered Agent

**FELL, CLAYTON P**  
 14300 SE CR 475  
 SUMMERFIELD, FL 34491

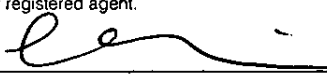
7. Name and Address of New Registered Agent

Name  
**Carl Fleming**

Street Address (P.O. Box Number is Not Acceptable)  
**7785 SW 19th PL**

City  
**Ocala FL** Zip Code  
**34474**

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  DATE **1/21/05**

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, 2005**

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

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>FELL, CLAYTON<br>14300 SE CR 475<br>SUMMERFIELD, FL 34491 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>BRYANT, ANGIE<br>1718 NE 3RD ST<br>OCALA, FL 34470        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>BALDWIN, CARLA<br>5540 W. HWY 329<br>REDDICK, FL 32686    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>FLEMING, CARL<br>7785 SE 18TH PL<br>OCALA, FL 34474       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>Fleming, Carl<br>7785 SW 19th PL<br>Ocala, FL 34474       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>Mildenberg, Walter<br>16490 SW 31st St<br>Ocala, FL 34481 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>Dickinson, Albert<br>7785 SW 19th PL<br>Ocala, FL 34474   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  DATE **1/21/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #