
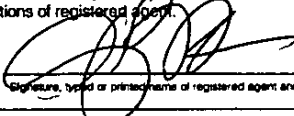



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

FILED  
1/ Feb 23, 2007 8:00 am  
Secretary of State

01-23-2007 90016 032 \*\*\*\*61.25

DOCUMENT # N97000004646			
1. Entity Name MARION COUNTY HORSEMAN'S ASSOCIATION, INC.			
Principal Place of Business 7785 SOUTHWEST 19TH PLACE OCALA, FL 34474 US		Mailing Address P O BOX 76 OCALA, FL 34478-0076 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Zip		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLEMING, CARL 7785 SOUTHWEST 19TH PLACE OCALA, FL 34474		Name ANGIE BRYANT Street Address (P.O. Box Number is Not Acceptable) 1718 NE 3RD STREET City OCALA FL Zip Code 34470	
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 20 FEB 07	
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELL, ROBERT	NAME	
STREET ADDRESS	2951 E HWY 329	STREET ADDRESS	
CITY-ST-ZIP	ANTHONY, FL 32617	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	OP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, ANGIE	NAME	BRYANT, ANGIE
STREET ADDRESS	1718 NE 3RD ST	STREET ADDRESS	1718 NE 3RD ST
CITY-ST-ZIP	OCALA, FL 34470	CITY-ST-ZIP	OCALA, FL 34470
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILDENBERG, WALTER	NAME	
STREET ADDRESS	16490 SOUTHWEST 31ST STREET	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34481	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, CARL	NAME	FLEMING, CARL
STREET ADDRESS	7785 SOUTHWEST 19TH PLACE	STREET ADDRESS	7785 SOUTHWEST 19TH PLACE
CITY-ST-ZIP	OCALA, FL 34474	CITY-ST-ZIP	OCALA, FL 34474
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date 1-22-07 352-7326051	
Signature and typed or printed name of signing officer or director		Date	