


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90060 044 \*\*\*\*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**

40111293



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

07112008 Chg-NP CR2E037 (12/06)

City & State  
 City & State

Zip  
 Country  
 Zip  
 Country

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  
**BRYANT, ANGIE**  
**1718 NE 3RD STREET**  
**OCALA, FL 34470**

7. Name and Address of New Registered Agent

Name **Brown, Sandra**

Street Address (P.O. Box Number is Not Acceptable)  
**9929 NE 29th Terr**

City **Anthony** FL Zip Code **32617**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sandra A Brown* DATE 7/12/08

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 September 12, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	DT SELL, ROBERT 2951 E HWY 329 ANTHONY, FL 32617 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRYANT, ANGIE 1718 NE 3RD ST OCALA, FL 34470 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILDENBERG, WALTER 16490 SIOUTHWEST 31ST STREET OCALA, FL 34481 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FLEMING, CARL 7785 SOUTHWEST 19TH PLACE OCALA, FL 34474 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sandra Brown 9929 NE 29th Terr Anthony, FL 32617 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Gay Lynn Light 1265 CR 245A Oxford, FL 34484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Sandra A Brown* DATE 7/12/08

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