

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004646

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

7785 SOUTHWEST 19TH PLACE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 76
OCALA, FL 344780076 US

New Mailing Address:

FEI Number: 59-3652597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, SANDRA
9929 NE 29TH TERR
ANTHONY, FL 32617 US

Name and Address of New Registered Agent:

HALL, CAROLYN
7872 SE 121PL
BELLEVIEW, FL 34420 US

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.

SIGNATURE: CAROLYN HALL

03/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BROWN, SANDRA
Address: 9929 NE 29TH TERR
City-St-Zip: ANTHONY, FL 32617

Title: DT () Delete
Name: LYNN LIGHT, GAY
Address: 1265 CR 245A
City-St-Zip: OXFORD, FL 34484

Title: DS () Delete
Name: MILDENBERG, WALTER
Address: 16490 SIOUTHWEST 31ST STREET
City-St-Zip: OCALA, FL 34481

Title: DV () Delete
Name: FLEMING, CARL
Address: 7785 SOUTHWEST 19TH PLACE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HALL, CAROLYN
Address: 7872 SE 121PL
City-St-Zip: BELLEVIEW, FL 34420

Title: DT (X) Change () Addition
Name: PHILLIPS, JOHN
Address: 8530 SE 126PL
City-St-Zip: BELLEVIEW, FL 34420

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: BUTLER, BARBARA
Address: 3113 SE 49 PL
City-St-Zip: OCALA, FL 34478

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN HALL

DP

03/24/2009

Electronic Signature of Signing Officer or Director

Date