

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004646

**FILED**  
**Apr 19, 2010**  
**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:**

2232 NE JACKSONVILLE RD  
OCALA, FL 34470 US

**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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HALL, CAROLYN  
Address: 7872 SE 121PL  
City-St-Zip: BELLEVIEW, FL 34420

Title: DVP  
Name: HALL, BARBARA  
Address: 10191 CR223  
City-St-Zip: OXFORD, FL 34484

Title: DS  
Name: LEGGETT, MIMI  
Address: 8001 SE 7 AVE RD  
City-St-Zip: OCALA, FL 34480

Title: DT  
Name: GENTILE, IRENE  
Address: 8149 SE126 PL  
City-St-Zip: BELLEVIEW, FL 34420

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN HALL

DP

04/19/2010

Electronic Signature of Signing Officer or Director

Date