

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004646

FILED
May 02, 2011
Secretary of State

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

Current Principal Place of Business:

2232 NE JACKSONVILLE RD
OCALA, FL 34470 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:

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

Name and Address of New Registered Agent:

LENINGTON, KATE
5198 SW 140TH AVE
OCALA, FL 34481 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: KATE LENINGTON

05/02/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: LENINGTON, KATE
Address: 5198 SW 140TH AVE
City-St-Zip: OCALA, FL 34481

Title: DVP
Name: STRINGER, KATHLEEN
Address: 17910 SE 83RD MELODY AVE
City-St-Zip: THE VILLAGES, FL 32162

Title: DS
Name: RAFFERTY, MARE
Address: 7955 SW 72ND CT
City-St-Zip: OCALA, FL 34476

Title: DT
Name: BRYANT, DIANNE
Address: 15494 NE JACKSONVILLE RD
City-St-Zip: CITRA, FL 32113

Title: DVP2
Name: FLAMAN, CATHERINE
Address: 14970 SE 80TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

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: KATE LENINGTON

DP

05/02/2011

Electronic Signature of Signing Officer or Director

Date