


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000002368**  
 1. Entity Name  
**PASO FINO HORSE FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**% C.J. MARCELLO, JR., 101 NO. COLLINS**      **% C.J. MARCELLO, JR., 101 NO. COLLINS**  
**PLANT CITY, FL 33563**      **PLANT CITY, FL 33563**

**DO NOT WRITE IN THIS SPACE**



04192006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**59-3550069**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MARCELLO, C.J. JR.**  
**101 NO. COLLINS**  
**PLANT CITY, FL 33566**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVERT, JOHN B JR. 23667 HWY 40 BUSH, LA 70431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLATFELTER, ARTHUR RT.3 BOX 395 DALLASTOWN, PA 17313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZUR, FRANCIS H ATM CORP. OF AMERICA, 345 ROUSER RD. CORAOPOLIS, PA 15108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000524743  
 05/04/06-80002-016 61.25

**DO NOT WRITE IN THIS SPACE**

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:  EXECUTIVE DIR. 4/19/06      813-719-7777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #