


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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

07 AUG 15 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business % C.J. MARCELLO, JR., 101 NO. COLLINS PLANT CITY, FL 33563	Mailing Address % C.J. MARCELLO, JR., 101 NO. COLLINS PLANT CITY, FL 33563
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2. Principal Place of Business - No P.O. Box # 15316 NW 140 Street Suite, Apt. #, etc.	3. Mailing Address 15316 NW 140 Street P.O. Box 1860 Suite, Apt. #, etc.	07312007 Chg-NP CR2E037 (12/06)
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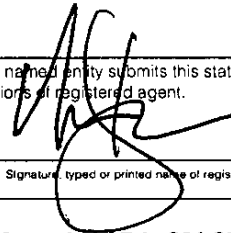
City & State Alachua, FL	City & State Alachua, FL	4. FEI Number 59-3550069
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Zip 32615	Country USA	Zip 32616	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARCELLO, C.J. JR. 101 NO. COLLINS PLANT CITY, FL 33566	7. Name and Address of New Registered Agent Name Marcia Davis Street Address (P.O. Box Number is Not Acceptable) 15316 NW 140 Street City Alachua FL Zip Code 32617
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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.

Marcia Davis
 Chairman, Executive Director

SIGNATURE  DATE **8/6/07**

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D LEVERT, JOHN B JR. 23667 HWY 40 BUSH, LA 70431	<input checked="" type="checkbox"/> Delete	TITLE	C/ED Marcia Davis 15316 NW 140 Street Alachua, FL 32617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D GLATFELTER, ARTHUR RT.3 BOX 395 DALLASTOWN, PA 17313	<input checked="" type="checkbox"/> Delete	NAME	S/T Sheila Spence 4030 SE 219 Avenue Morristown, FL 32668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	D AZUR, FRANCIS H ATM CORP. OF AMERICA, 345 ROUSER RD. CORAPOLIS, PA 15108	<input type="checkbox"/> Delete	STREET ADDRESS	D/ Richard Miller 15960 Cindy Court Fort Meyers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	CITY-ST-ZIP	D/ Gary Goscha 11500 W 175 Street Olathe, KS 66062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: 	Marcia Davis	386-462-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

12/2/07