
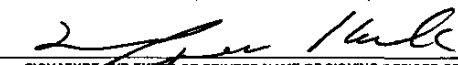


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90055 029 \*\*\*\*61.25

<b>DOCUMENT # N99000006947</b>					
1. Entity Name <b>CENTRAL FLORIDA APPALOOSA HORSE CLUB, INC.</b>					
Principal Place of Business <b>MARGE KECK P.O BOX 527 KATHLEEN FL 33849</b>			Mailing Address <b>MARGE KECK P.O BOX 527 KATHLEEN FL 33849</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3622338</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>KECK, MARGE 8319 KATHLEEN ROAD LAKELAND FL 33810</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		10. \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, ELLY		NAME	BARBARA WILKIE	
STREET ADDRESS	7285 SW 72ND COURT		STREET ADDRESS	11 Lost Creek Ln.	
CITY-ST-ZIP	OCALA FL 34476		CITY-ST-ZIP	Orlando Beach, FL 32174	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, RUSTY		NAME		
STREET ADDRESS	4293 BRITTANY LANE		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34602		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KECK, MARGE		NAME		
STREET ADDRESS	8319 KATHLEEN ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESOUSKY, LYNN		NAME		
STREET ADDRESS	16520 NW HWY 225		STREET ADDRESS		
CITY-ST-ZIP	REDDICK FL 32686		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKHILL, BABS		NAME		
STREET ADDRESS	10042 ROCK RIDGE RD.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREMEANS, GLENN		NAME		
STREET ADDRESS	7200 SW 15TH PL		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34475		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			2/7/05 863-284-1787		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

30014443



1st MOORE CR2E037 (10/04)