

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006947

FILED
Sep 07, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA APPALOOSA HORSE CLUB, INC.

Current Principal Place of Business:

MARGE KECK
P.O BOX 527
KATHLEEN, FL 33849

New Principal Place of Business:

Current Mailing Address:

MARGE KECK
P.O BOX 527
KATHLEEN, FL 33849

New Mailing Address:

FEI Number: 59-3622338 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KECK, MARGE
8319 KATHLEEN ROAD
LAKELAND, FL 33810 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: PD () Delete
Name: WOOD, ELLY
Address: 7285 SW 72ND COURT
City-St-Zip: OCALA, FL 34476

Title: P () Delete
Name: BRYANT, RUSTY
Address: 4293 BRITTANY LANE
City-St-Zip: BROOKSVILLE, FL 34602

Title: S () Delete
Name: KECK, MARGE
Address: 8319 KATHLEEN ROAD
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: LESOUSKY, LYNN
Address: 16520 NW HWY 225
City-St-Zip: REDDICK, FL 32686

Title: T () Delete
Name: ROCKHILL, BABS
Address: 10042 ROCK RIDGE RD.
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: CREMEANS, GLENN
Address: 7200 SW 15TH PL
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: KECK, MARGE
Address: 8319 KATHLEEN RD
City-St-Zip: LAKELAND, FL 33810

Title: S (X) Change () Addition
Name: HOLLOWAY, LYN
Address: 4780 122 DR. N
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARGE KECK

PRES

09/07/2006

Electronic Signature of Signing Officer or Director

Date