

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006947

FILED  
Aug 15, 2007  
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:**

MARGE KECK  
8319 KATHLEEN ROAD  
LAKELAND, FL 33810

**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:**

**Name and Address of New Registered Agent:**

KECK, MARGE  
8319 KATHLEEN ROAD  
LAKELAND, FL 33810 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: \_\_\_\_\_

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: KECK, MARGE  
Address: 8319 KATHLEEN RD  
City-St-Zip: LAKELAND, FL 33810

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

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

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

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 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

PRE

08/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date