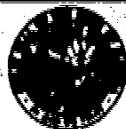


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 18 PM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712132 (0)
1. Corporation Name
FLORIDA WALKING AND RACKING HORSE ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

22115 LAKE LINDSEY RD
BROOKSVILLE FL 34801
US

22115 LAKE LINDSEY RD
BROOKSVILLE FL 34801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1967

3a. Date of Last Report

01/24/1994

4. FEI Number

59-1574599

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$9.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 4925 UNIVERSITY AVE

2a. Mailing Address

26 4925 UNIVERSITY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 LEESBURG, FL.

27 LEESBURG FL.

City & State

City & State

23 34748 US

28 34748 US

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CASTELLOW, CNDY
1504 48TH AVE W
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME CONKLE, WAYNE
STREET ADDRESS 22115 LAKE LINDSEY RD
CITY - ST - ZIP BROOKSVILLE FL

TITLE D
NAME SIPE, GAYE
STREET ADDRESS 11037 SIPE LANE
CITY - ST - ZIP HOWEY IN THE HILL FL

TITLE ST
NAME PINSON, TRACY
STREET ADDRESS 22115 LAKE LINDSEY RD
CITY - ST - ZIP BROOKSVILLE FL

TITLE D
NAME SMITH, DON
STREET ADDRESS 4925 UNIVERSITY DRIVE
CITY - ST - ZIP LEESBURG FL

TITLE D
NAME MAINWARING, SHEILA
STREET ADDRESS 5157 N. HWY 41
CITY - ST - ZIP DADE CITY FL

TITLE D
NAME PHILLIPS, SUSAN
STREET ADDRESS 16312 CLARENCE LEE RD
CITY - ST - ZIP GROVELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME DON SMITH
1.3 STREET ADDRESS 4925 UNIVERSITY AVE
1.4 CITY - ST - ZIP LEESBURG, FL 34748 ☒ Change ☐ Addition

2.1 TITLE V
2.2 NAME JEFF SCHROEDER
2.3 STREET ADDRESS P.O. BOX 222
2.4 CITY - ST - ZIP OKAHUMPKA, FL 34762 ☒ Change ☐ Addition N/A

3.1 TITLE S
3.2 NAME GAYE SIPE
3.3 STREET ADDRESS P.O. BOX 123 (11037 SIPE LN)
3.4 CITY - ST - ZIP HOWEY IN THE HILL, FL 34737 ☒ Change ☐ Addition

4.1 TITLE T
4.2 NAME DEE DINSFRIEND
4.3 STREET ADDRESS P.O. BOX 7
4.4 CITY - ST - ZIP BUSHNELL, FL 33513 ☒ Change ☐ Addition N/A

5.1 TITLE D
5.2 NAME DENISE MONAHAN
5.3 STREET ADDRESS 5110 WOODLAWN CIR. E.
5.4 CITY - ST - ZIP PALMETTO, FL 34221 ☒ Change ☐ Addition

6.1 TITLE D
6.2 NAME MARGO AGUIRRE
6.3 STREET ADDRESS 1360 GARDEN RD
6.4 CITY - ST - ZIP FT. LAUDERDALE FL 33326 ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

3/22/95 904-583-5060

Date

Telephone Number