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.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
22115 LAKE LINDSEY RD BROOKSVILLE FL 34601 US	22115 LAKE LINDSEY RD BROOKSVILLE FL 34601 US

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

2. Principal Place of Business	2a. Mailing Address
21 4925 UNIVERSITY AVE	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

5. Certificate of Status Desired ☐ **$8.75** 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. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASTELLOW, CINDY 1504 48TH AVE W PALMETTO FL 34221	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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	P	☑ Change ☐ Addition
NAME	CONKLE, WAYNE	1.2 NAME	DON SMITH	
STREET ADDRESS	22115 LAKE LINDSEY RD	1.3 STREET ADDRESS	4925 UNIVERSITY AVE	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	2.1 TITLE	V	☑ Change ☐ Addition
NAME	SIPE, GAYE	2.2 NAME	JEFF SCHROEDER	
STREET ADDRESS	11037 SIPE LANE	2.3 STREET ADDRESS	P.O BOX 222	N/A
CITY-ST-ZIP	HOWEY IN THE HILL SL	2.4 CITY-ST-ZIP	OKAHUMPKA, FL 34762	
TITLE	ST	3.1 TITLE	S	☑ Change ☐ Addition
NAME	PINSON, TRACY	3.2 NAME	GAYE SIPE	
STREET ADDRESS	22115 LAKE LINDSEY RD	3.3 STREET ADDRESS	P.O. BOX 123 (11037 SIPE LN)	
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	HOWEY IN THE HILL, FL. 34737	
TITLE	D	4.1 TITLE	T	☑ Change ☐ Addition
NAME	SMITH, DON	4.2 NAME	DEE DINSFRIEND	
STREET ADDRESS	4925 UNIVERSITY DRIVE	4.3 STREET ADDRESS	P.O. BOX 7	N/A
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE	D	5.1 TITLE	D	☑ Change ☐ Addition
NAME	MAINWARING, SHEILA	5.2 NAME	DENISE MONAHAN	
STREET ADDRESS	5157 N. HWY 41	5.3 STREET ADDRESS	5110 WOODLAWN CIR. E.	
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	PHILLIPS, SUSAN	6.2 NAME	MARGO AGUIRRE	
STREET ADDRESS	16312 CLARENCE LEE RD	6.3 STREET ADDRESS	1360 GARDEN Rd	
CITY-ST-ZIP	GROVELAND FL	6.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33326	

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 119.07(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] 3/22/95 904-583-5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #