FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham!

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

FILED									
Apr 18 1997 8	3:00am								
Secretary of State									

	ORIDA WALKING HORSE ASSN.,		//VG						
Principal Place		Mailing Address							
mino pai mace	GRESHAM RI	•							
36/36	GARCONNIII KO	SAME			}				
WEBS	STER, FL 33597								_
					3. Date Incorporated	4 · · · · · · · · · · · · · · · · · · ·	Date of Last R	9)	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Appli			pplied For]
21 26					59-13	74599	No	ot Applicable]
<u>├</u> ──, ' ' '		Suite, Apt. #, etc.			5. Certificate of Statu	s Desired		Additional equired	
22 27					6. Election Campaign	Finencing		May Be	-
23	•	28			Trust Fund Contrit			to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation h	*******			1
24	25	29	30		Florida Statutes	☐ Yes			
	9. Name and Address of Current	Registered Agent			10. Name and Addre	s of New Registered	Agent]
₽ ₽	RICE EHRICH			B1 Name	EE DINSFI	PIEILD			1
	COE CARTON	Ens DR.		82 Street Ad	dress (P.O. Box Number is				1
6	1037 CRESTVI BROOKS VILLE,	EIU DIC		36	156 GRES	HAM Rd			
1	BROOKS VILLE.	FL 3460:	2.	83		•			
		, – ,		84 City . 1	2000		85 Zio.	Code.	1
<u></u>				u	EBSTER	FI	<u>- 3:</u>	3597	
11. Pursuant t office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statu Florida, Such c hance w as	ites, the a authorize	bove-named co d by the corpor	rporation submits this state ation's board of directors. I	ment for the purpose hereby accept the ac	of changing it pointment as	ts registered registered	
	egistered agent, or both, in the State of m familiar with, and accept the obligati		lorda Sta	tutes.	11.		1		
SIGNATURE 🗒	DEE DINSFRIEN	JD (سيي	Den	your	3/28	797		
12.	Signature Typed or printed name of registered agent. OFFICERS AND		13.	d Agent signature red	ADDITIONS/CHANG	BES TO OFFICERS AN	D DIRECTOR	2S IN 12	اھ ھا
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NAMI			5.2 N						
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STREET ADORESS				TREET ADDRESS	***61.2	C 	U14		
CITY-ST-ZIP	y certify that the information supplied	with this filing does not gua	lify for the	exemption stat	ed in Section 119.07(3)(i)	J Jorida Statutes, I furth	er certify that	the	1
informatio	by certify that the information supplied on this annual report or sup	pplemental annual report is	true and	accurate and th	at my signature shall have	the same legal effect	as if made un	der 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: DEE DINS F.R. IEND LOS SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR