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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jun 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

712132

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FLORIDA WALKING AND RACKING HORSE ASSOCIATION, I

Principal Place of Business Mailing Address 36156 GRESHAM RO. 36156 GRESHAM RD. 3. Date Incorporated or Qualified WEBSTER FL 33597 WEBSTER FL 33597 01/23/1967 U\$ 4. FEI Number Applied For 59-1574599 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution 22 Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? Yes No 28 8. This corporation owes or has paid the current year Intangible lakon Yes 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DINSFRIEND. DEE 82 36156 GRESHAM RD. 83 WEBSTER FL 33597 9 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 the authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the accept the obligations of, Section 617.0506, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 92mienczak D Change DELETE Addition TITLE 1.1 TITLE EHRICH, BRICE NAME 1.2 NAME 6037 CRESTVIEW DR. STREET ADDRESS 1.3 STREET ADDRESS BROOKSVILLE FL 34602 1.4 CITY - ST - ZIP CITY-ST-ZIP 2.1 TITLE Addition TITLE NAME ROBINSON, DAVE 2.2 NAME 8295 S.E. 131ST PLACE 2.3 STREET ADDRESS STREET ADDRESS SUMMERFIELS FL 33491 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition 3.1 TITLE DINSFRIEND, DEE NAME 3.2 NAME 36156 GRESHAM RD. 3.3 STREET ADORESS STREET ADDRESS WEBSTER FL 33597 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE 4. 2 NAME NAME eo Breezeb 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE 5.1 TITLE Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: