FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N09901

1. Corporation Name
AHCOF, SUNSHINE STATE HORSE COUNCIL

Principal Place of Business
P.O. Box 8218
MADEIRA BEACH, FL. 33708

Mailing Address

3. Date Incorporated or Qualified: 1986	3a. Date of Last Report: 1995
4. FEI Number: 59-2354978	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JEANNE CORNELL
20151 WILLBORN RD.
N. FT. MYERS, FL. 33917

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 _____ DATE _____
Signature of, and typed or printed name of, registered agent (at least 1 if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JEANNE CORNELL		1.2 NAME		
STREET ADDRESS	20151 WILLBORN RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS, FL. 33917		1.4 CITY-ST-ZIP		
TITLE	TREASURER	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ELISE M. LACHER		2.2 NAME		
STREET ADDRESS	5666 SEMINOLE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL. 34642		2.4 CITY-ST-ZIP		
TITLE	SECRETARY	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARSHA SCHLOESSER		3.2 NAME		
STREET ADDRESS	218 S. HIGH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL. 32720		3.4 CITY-ST-ZIP		
TITLE	V. PRES	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ORT WARE		4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE HELEN, FL. 32744		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	400001847474	☐ Change ☐ Addition
NAME			5.2 NAME	-06/03/96--01027--011	
STREET ADDRESS			5.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Elise M. Lacher TR. ELISE M. LACHER 4/30/96 813-397-6614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ag 1.96