

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:22

DOCUMENT # **N42064** (8)

1. Corporation Name

FLORIDA DRAFT HORSE, PONY AND MULE ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Mailing Address

**3207-CR721
WEBSTER FL 33597
US**

**3207-CR721
WEBSTER FL 33597
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/13/1991** 3a. Date of Last Report **01/20/1994**

4. FEI Number **59-0238650** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 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

**NEVERS, LOIS M.
RR2-BOX-224 3207 CR721
WEBSTER FL 33597**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **NEVERS, MIKE**
STREET ADDRESS **3207-CR721**
CITY, ST, ZIP **WEBSTER FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE **V**
NAME **OSTEEN, GENE**
STREET ADDRESS **P.O. BOX 473-NA**
CITY, ST, ZIP **TRENTON FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE **ST**
NAME **NEVERS, LOIS**
STREET ADDRESS **ROUTE-2-BOX-224-3207 CR721**
CITY, ST, ZIP **WEBSTER FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE **D**
NAME **MACDOUGALL, JOHN W.**
STREET ADDRESS **7083 N LECANTO**
CITY, ST, ZIP **HERNANDO FL**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE **D**
NAME **HARRIS, RON**
STREET ADDRESS **RT. 2, BOX 2065**
CITY, ST, ZIP **TRENTON FL**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE **D**
NAME **PORTER, ROGER**
STREET ADDRESS **RT 3, BOX 14772**
CITY, ST, ZIP **TRENTON FL**

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am not eligible for the exemptions stated in Sections 119.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

Lois M Nevers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois M Nevers
Secy/Treas

DATE

4-28-95

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Filing Number