FILE NOW: FILING FEE IS \$61.25

NONPROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 JUN -5 AM 8: 43 DOCUMENT # N42064 (8) SECRETARY OF STATE TALLAHASSEE. FLORIDA FLORIDA DRAFT HORSE, PONY AND MULE ASSOCIATION. Principal Place of Business Mailing Address 3207-CR721 3207-CR721 3. Date incorporated or Qualified WEBSTER FL 33597 WEBSTER FL 33597 02/13/1991 Applied For 59-0238650 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 3207 CRT21 Sa ME 21 26 Fee Required Suite. Apt. #, etc. Sulte, Apt. #. etc 6. Election Campaign Financing \$5.00 May Be П 22 27 **Trust Fund Contribution** Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Webster Yes No. 28 23 Country Zip Country 8. This corporation owes or has paid the current year intangible SUMTER 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NEVERS, LOIS M. Street Address (P.O. Box Number is Not Acceptable) 82 3207 CR 721 83 WEBSTER FL 33597 84 City Zip Code 85 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 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 617.0503, Florida Statutes. SIGNATURE Di registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TITLE 1025539632-018 -06/03/38--0181--018 **NEVERS, MIKE** NAME 1.2 NAME 3207-CR721 STREET ADDRESS 1.3 STREET ADDRESS *****61.25 *****61.25 **WEBSTER FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE WALLICK, JOHN NAME 2.2 NAME STREET ADDRESS 4403 COATS RD 2.3 STREET ADDRESS Zephyrhills fl 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME **NEVERS, LOIS** 3.2 NAME 3207 CR 721 STREET ADDRESS 3.3 STREET ADDRESS WEBSTER FL 3.4. CITY-ST-ZIP CITY-ST-2IP DELETE 4.1 TITLE Director Change Addition Vic Kent NAME MACDOUGALL, JOHN W. 4. 2 NAME 5422 W. WOOD LAWN ST 7083 N LECANTO 4.3 STREET ADDRESS STREET ADDRESS DUNNELLON FL. 34433 HERNANDO FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE HARRIS, RON NAME 5.2 NAME RT. 2, BOX 2065 STREET ADDRESS 5.3 STREET ADDRESS TRENTON FL 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 13 TRECTON ☐ Ch TITLE 6.1 TITLE JOYCE CONCKLIN PORTER, ROGER NAME 6.2 NAME 9126 ERMA RD RT 3, BOX 14772 **6.3 STREET ADDRESS** STREET ADDRESS BEOOKSUICE, PL. TRENTON FL 34413 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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 m 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:

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