

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N42305 (5)

1. Corporation Name
SHERIFF'S EQUESTRIAN ASSOCIATION, INC.



Principal Place of Business 165 W GREEN ST ENGLEWOOD FL 34223	Mailing Address 165 W GREEN ST ENGLEWOOD FL 34223
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3. Date Incorporated or Qualified 02/26/1991	3a. Date of Last Report 05/01/1995
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	26. Applied For NOT APPLICABLE	27. Not Applicable
22. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DAVIDS, H. VERNON 165 W GREEN ST ENGLEWOOD FL 34223	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BOYKIN, SANDIE 1309 GUILFORD DRIVE VENICE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D LISA PHILLIPS 904 1ST DIRT RD VENICE, FL 34292
NAME	D HILTY, MARY 601 N. JACKSON RD. VENICE FL	<input checked="" type="checkbox"/> DELETE	1.2 NAME S MARIA TERFENIANT 833 GULFCOAST BLVD. VENICE, FL 34292
STREET ADDRESS	VPD O'HARE, PAM 6803 TIDWELL ST. N. PT. FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS D LYNN TWEET 5831 ORCHIS RD VENICE, FL 34293
CITY - ST - ZIP	PD DAY, ROBERT 1532 US 41 BY-PASS S., #186 VENICE FL	<input checked="" type="checkbox"/> DELETE	1.4 CITY - ST - ZIP D TRES JULIA M. BALLARD 525 N. HAVANA RD VENICE, FL 34292
TITLE	PD MCLEOD, DIANA 4740 ATLANTIC AVE SARASOTA FL	<input type="checkbox"/> DELETE	2.1 TITLE 5.1 TITLE
NAME	VPD BRITT, MAXINE 1030 ALBEE FARM ROAD VENICE FL	<input type="checkbox"/> DELETE	2.2 NAME 5.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS 5.3 STREET ADDRESS
CITY - ST - ZIP			2.4 CITY - ST - ZIP 5.4 CITY - ST - ZIP
TITLE			3.1 TITLE 6.1 TITLE
NAME			3.2 NAME 6.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS 6.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP 6.4 CITY - ST - ZIP

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)(k), 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: Julia M. Ballard 4-17-96 941-488-5521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)