

**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90014 004 \*\*\*\*61.25

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



CORPORATION  
 ANNUAL REPORT  
 1999

**DOCUMENT #**  
 1. Corporation Name  
 N42305  
 Sheriff's Equestrian Association, Inc.

\* 5 7 8 9 4 5 \*  
 578945 - 90003 - 4

Principal Place of Business Mailing Address  
 Melita Ballard, Secretary  
 176 Marlin Rd  
 S. Venice, FL 34293

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	2/26/91
22	City & State	City & State	4. FEI Number
	Zip	Country	Not Applicable
23	Country	Country	5. Certificate of Status Desired
	Country	Country	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	Country	6. Election Campaign Financing
	Country	Country	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Davids, H. Vernon 165 W. Green St Englewood, FL 34223		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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P D	Lynn Twedt	1.2 NAME	
STREET ADDRESS	5831 Orchis Rd	1.3 STREET ADDRESS	
CITY-ST-ZIP	Venice, FL 34293	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VPD	Diana McLeod	2.2 NAME	
STREET ADDRESS	4960 Verna Bethany Rd	2.3 STREET ADDRESS	
CITY-ST-ZIP	Myakka City, FL 34251	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME S D	Melita Ballard	3.2 NAME	
STREET ADDRESS	176 Marlin Rd	3.3 STREET ADDRESS	
CITY-ST-ZIP	S. Venice, FL 34293	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME T	Julie Ballard	4.2 NAME	
STREET ADDRESS	525 N. Havana Rd	4.3 STREET ADDRESS	
CITY-ST-ZIP	Venice, FL 34292	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME B D	Maxine Britt	5.2 NAME	
STREET ADDRESS	1030 Albee Farm Rd	5.3 STREET ADDRESS	
CITY-ST-ZIP	Venice, FL 34292	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME B	Margie Poneleit	6.2 NAME	
STREET ADDRESS	2914 Hermitage Blvd	6.3 STREET ADDRESS	
ST-ZIP	Venice, FL 34292	6.4 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, with all other like empowered.

SIGNATURE: Melita A. Ballard Secretary May 27 - 99 941 4931448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Melita A. Ballard, Sec.

CR2E037 (1/198)