

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90180 014 ****61.25

0089810

DOCUMENT # N42305

1. Entity Name

SHERIFF'S EQUESTRIAN ASSOCIATION, INC.



Principal Place of Business

**JAN KULP, SECRETARY
13238 FOWLER AVENUE
PORT CHARLOTTE FL 33981
US**

Mailing Address

**JAN KULP, SECRETARY
13238 FOWLER AVENUE
PORT CHARLOTTE FL 33981
US**

2. Principal Place of Business

Tammie Jacobs, Secretary
Suite, Apt. #, etc.
6293 Toneytown St.

3. Mailing Address

Tammie Jacobs, Secretary
Suite, Apt. #, etc.
6293 Toneytown St

City & State

North Port FL

City & State

North Port FL

Zip

34286

Country

USA

Zip

34286

Country

USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIDS, H. VERNON
165 W GREEN ST
ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KULP, JAN	
STREET ADDRESS	13238 FOWLER AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOORMAN, PEGGY	
STREET ADDRESS	6546 JOE JEFF ST	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALLARD, JACQUI	
STREET ADDRESS	1279 GRAHAM BLVD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	T	<input type="checkbox"/> Delete
NAME	BALLARD, JULIE	
STREET ADDRESS	525 N HAVANA RD	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	BRITT, MAXINE	
STREET ADDRESS	1030 ALBEE FARM ROAD	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PONELEIT, MARGIE	
STREET ADDRESS	235 KEYSTONE	
CITY-ST-ZIP	VENICE FL 34292	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	R/P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEA RHODES	
STREET ADDRESS	262 N. AUBURN RD.	
CITY-ST-ZIP	VENICE, FL. 34292	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tammie Jacobs	
STREET ADDRESS	6293 Toneytown St	
CITY-ST-ZIP	North Port, FL 34286	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thea Rhodes* **THEA RHODES/PRES 2-13-03 488-6500**

CR2E037 (10/02)