

**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 # **N95000004137 (4)**

1. Corporation Name  
**FLORIDA STANDARD BRED ADOPTION FOUNDATION, INC.**



Principal Place of Business: 15601 STATE ROAD 70 LOT 114 OKEECHOBEE FL 34974  
Mailing Address: 15601 STATE ROAD 70 LOT 114 OKEECHOBEE FL 34974

3. Date Incorporated or Qualified: 08/29/1995  
3a. Date of Last Report

2. Principal Place of Business: 21 32424 Northeast 4th Drive, Suite, Apt. #, etc. 22  
2a. Mailing Address: 26 32424 Northeast 4th Drive, Suite, Apt. #, etc. 27  
23 City & State: Okeechobee, Florida  
28 City & State: Okeechobee, Florida  
24 Zip: 34972 25 Country 29 34972 30 Country

4. FEI Number:  Applied For,  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes,  No

9. Name and Address of Current Registered Agent  
WALDERA, CHRISTOPHER B  
1225 SE 2 AVE  
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAVANAUGH, PATRICIA	
STREET ADDRESS	15601 STATE ROAD 70 W LOT 114	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAMMEL, NELLIE	
STREET ADDRESS	960 CRUSTAL LAKE DR APT 205	
CITY-ST-ZIP	POMPANO BEACH FL 33064-1922	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HEATER, RONALD	
STREET ADDRESS	5285 NE 122 DR	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	32424 N.E. 4th DRIVE
1.4 CITY-ST-ZIP	Okeechobee FL. 34972
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5285 NE 122 DR
3.4 CITY-ST-ZIP	Okeechobee FL 34972
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700001840357
5.3 STREET ADDRESS	-05/28/96--01024--010
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Patricia A. Cavanaugh* 9/24/96 763-6205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)