


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jun 11 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001396 (8)**  
 1. Corporation Name  
**FLORIDA AGRICULTURE CENTER AND HORSE PARK AUTHORITY, INC.**



Principal Place of Business <b>C/O BEN WILLIAMS 125 NE FIRST AVENUE STE 1 OCALA FL 34470</b>	Mailing Address <b>C/O BEN WILLIAMS P.O. BOX 3310 OCALA FL 34478-3310</b>
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3. Date Incorporated or Qualified <b>03/14/1996</b>	3a. Date of Last Report <b>1st time Filing</b>
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2. Principal Place of Business <b>21 C/O CAROL NEFF Suite, Apt. #, etc. 22 5406 N. US 27 City &amp; State 23 Ocala, FL, 34482 Zip Country 24 34482 U.S.A.</b>	2a. Mailing Address <b>26 C/O CAROL NEFF Suite, Apt. #, etc. 27 5406 N. US 27 City &amp; State 28 Ocala, FL, 34482 Zip Country 29 34482 U.S.A.</b>
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4. FEI Number <b>59-3371901</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WILLIAMS, REUBEN S  
125 N.E. FIRST AVENUE  
SUITE 1  
OCALA FL 34470**

10. Name and Address of New Registered Agent  

81 Name <b>REUBEN S. WILLIAMS</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>954 E. Silver Springs Blvd.</b>
83
84 City <b>Ocala, FL 34471</b>
85 Zip Code <b>FL 34471</b>

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	CHAIRPERSON <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL J. NEFF "D"	1.2 NAME	
STREET ADDRESS	5406 N. US 27	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL, 34482	1.4 CITY-ST-ZIP	
TITLE	VICE CHAIRPERSON <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS B. PARRISH "D"	2.2 NAME	
STREET ADDRESS	320 West Park Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL, 32301	2.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUE NOYSE "D"	3.2 NAME	
STREET ADDRESS	Rt. 7, Box 919	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL, 32308	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>000002212720</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>-06/16/97--01043--031</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

000002212720  
 -06/16/97--01043--031  
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14. I do 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.

CR2E037 (9/96)