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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000004314

1. Corporation Name

MEDICINE HORSE, INC.

Principal Place of Business

5027 THIRD AVENUE SOUTH
ST. PETERSBURG FL 33707

Mailing Address

5027 THIRD AVENUE SOUTH
ST. PETERSBURG FL 33707



Seenshine Stables

2. Principal Place of Business

21 4550 Ulmerton Rd.

Suite, Apt. #, etc.

22 Clearwater Florida

City & State

23 33707 25 Pinellas

Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

08/15/1996

4. FEI Number

59-3399111

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

9. Name and Address of Current Registered Agent

DEBERG, BENJAMIN G
9075 SEMINOLE BLVD., SUITE C
SEMINOLE FL 33772

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME CUMMINS, TERRI
STREET ADDRESS 5027 THIRD AVE S
CITY-ST-ZIP ST. PETERSBURG FL

TITLE CPD ☒ DELETE

NAME DELLINGER, CATHY
STREET ADDRESS 2032 MICHIGAN AVE N.E.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DT ☒ DELETE

NAME DIRCKS, TOM
STREET ADDRESS 6105 MEMORIAL HWY, STE. C
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME TERHAR, LOIS
STREET ADDRESS 1959 LEVINE LANE
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Connie Carlson
1201 Seminole Blvd #181
Largo, FL 33770

☐ Change

☒ Addition

2.1 TITLE D.

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Jerry Musgrave
4550 Ulmerton Rd.
Clearwater, FL

☐ Change

☒ Addition

3.1 TITLE Treas.

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Mel Henter - Treasurer
4198 Cogema Key Dr SE
St. Petersburg, FL 33705

☐ Change

☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Benjamin G. Deberg
SIGNATURE REQUIRED

4-20-99

727-323-3454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)