

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

98 NOV -6 AM 10:40

SECRETARY OF STATE



DOCUMENT # N97000006252 (7)

1. Corporation Name

NAPLES EQUESTRIAN CHALLENGE, INC.

Principal Place of Business

1835 GULF SHORE BLVD. SOUTH  
 NAPLES FL 34102

Mailing Address

1835 GULF SHORE BLVD. SOUTH  
 NAPLES FL 34102

3. Date Incorporated or Qualified

11/05/1997

4. FEI Number

05-0793008

Applied For

Not Applicable

2. Principal Place of Business

21 RIDGEBIRD  
 Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 1353  
 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes  No

23 City & State

NAPLES, FL

28 City & State

NAPLES, FL

24 Zip

34108

25 Country

USA

29 Zip

34106

30 Country

USA

9. Name and Address of Current Registered Agent

UIHLEIN, DIANE  
 1835 GULF SHORE BLVD. SOUTH  
 NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name Deanna L Deppen  
 82 Street Address (P.O. Box Number is Not Acceptable) 2043 46th Street SW  
 83  
 84 City Naples FL 85 Zip Code 34116

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 Deanna L Deppen Treasurer

Deanna L Deppen 11/31/98

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	UIHLEIN, DIANE	
STREET ADDRESS	1835 GULF SHORE BLVD. SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KESSLER, CYNTHIA	
STREET ADDRESS	3250 GREEN DOLPHIN LANE	
CITY-ST-ZIP	NAPLES FL 34118	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOTTEN, LYDIA	
STREET ADDRESS	117 WADING BIRD CIRCLE #202	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NATALE, SAM	
STREET ADDRESS	3448 HIDDEN LAKE DRIVE, NO. 5	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STAFFORD, DEBORAH	
STREET ADDRESS	2132 FREDERICK STREET	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOZEL, BONNIE	
STREET ADDRESS	3392 TIMBERWOOD CIRCLE	
CITY-ST-ZIP	NAPLES FL 34105	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ERICKSON, TODD	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	NAPLES, FL	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEPPEN, DEANNA	
2.3 STREET ADDRESS	2043 46th St. SW	
2.4 CITY-ST-ZIP	NAPLES, FL 34116	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LONG, DIANE	
3.3 STREET ADDRESS	4528 KATHY AVE	
3.4 CITY-ST-ZIP	NAPLES, FL 34104	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BLACKWELL, KAREN	
4.3 STREET ADDRESS	65 EMERALD WOODS DR	
4.4 CITY-ST-ZIP	NAPLES, FL 34108	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 \*\*\*\*236.25 \*\*\*\*236.25

REINSTATEMENT

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.

SIGNATURE: Todd Erickson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/31/98  
 941-352-7462  
 Daytime Phone #

0010088

CR2E037 (5/98)