SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 30 AM 10: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000701 (3)

1. Corporation Name
ALACHUA ARABIAN HORSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ROUTE 4, BOX 31R ALACHUA FL 32615	ROUTE 4, BOX 31R ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1993
3a. Date of Last Report: 03/14/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 400
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Alachua FL
Zip 24 / County 25	Zip 29 32615 / County 30 Alachua

9. Name and Address of Current Registered Agent

RIPLEY, BRUCE
RT. 4, BOX 31R
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name: Paula McCanless
82 Street Address (P.O. Box Number is Not Acceptable): 11504 NW. 136th St P.O. Box 1412
83
84 City: Alachua FL 85 Zip Code: 32615

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: Paula McCanless — Paula McCanless (Signature, typed or printed name of registered agent and title if applicable) — (NOTE: Registered Agent signature required when reinstating) — DATE: 6/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President	☑ Change ☐ Addition
NAME	FLURIACH, AIMEE	12 NAME	Greta Wrigley	
STREET ADDRESS	4104 NW 69 ST	13 STREET ADDRESS	Rt 2, Box 690 A	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	Micanopy, FL 32667	
TITLE	S	21 TITLE	Secretary	☐ Change ☐ Addition
NAME	FERGUSON, NICOLE	22 NAME	Elizabeth Brown	
STREET ADDRESS	1678 NW 19TH CIR	23 STREET ADDRESS	P.O. Box 197 N/A	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	Grandin, FL 32138	
TITLE	T	31 TITLE	Treasurer	☐ Change ☐ Addition
NAME	HAYES-MORRISON, RUTH	32 NAME	Beverly Cruise	
STREET ADDRESS	RT 3, BOX 107	33 STREET ADDRESS	Po Box 2035 N/A	
CITY-ST-ZIP	ALACHUA FL	34 CITY-ST-ZIP	Alachua, FL 32615	
TITLE	VP	41 TITLE	Vice President	☐ Change ☐ Addition
NAME	WRIGLEY, GRETA	42 NAME	Paula McCanless	
STREET ADDRESS	RT 2, BOX 690-A	43 STREET ADDRESS	P.O. Box 1412 N/A	
CITY-ST-ZIP	MICANOPY FL	44 CITY-ST-ZIP	Alachua, FL 32615	
TITLE	D	51 TITLE	Director	☐ Change ☐ Addition
NAME	DOIZ, ARIANNE	52 NAME	Arianne Doiz	
STREET ADDRESS	5825 NW 32ND ST	53 STREET ADDRESS	5825 N.W. 32nd	
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	Same	
TITLE	D	61 TITLE	D 7/1/96	☐ Change ☐ Addition
NAME	MISURA, SHARON	62 NAME		
STREET ADDRESS	RT 3, BOX 261	63 STREET ADDRESS	Same	
CITY-ST-ZIP	ALACHUA FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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: Paula McCanless — 6/24/95 — (904) 462-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Paula McCanless

0003268