

# 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 # N93000000701 (3)**

1. Corporation Name

**ALACHUA ARABIAN HORSE ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**ROUTE 4, BOX 31R  
ALACHUA FL 32615**

**P.O. BOX 400  
ALACHUA FL 32615**

3. Date Incorporated or Qualified  
**02/11/1993**

3a. Date of Last Report  
**06/30/1995**

2. Principal Place of Business

2a. Mailing Address

**21 11504 - NW 136<sup>th</sup> S**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Alachua FL**

**28**

Zip

Country

Zip

Country

**24 32615**

**25 Alachua**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCANLESS, PAULA  
11504 N.W. 136TH ST  
ALACHUA FL 32615**

**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 ☐ DELETE

**P**  
**WRIGLEY, GRETA**  
**RT 2, BOX 690 A**  
**MICANOPY FL 32667**

TITLE ☐ DELETE

**S**  
**BROWN, ELIZABETH**  
**P.O. BOX 197 N/A**  
**GRANDIN FL 32138**

TITLE ☐ DELETE

**T**  
**CRUISE, BEVERLY**  
**P.O. BOX 2035 N/A**  
**ALACHUA FL 32615**

TITLE ☐ DELETE

**V**  
**MCCANLESS, PAULA**  
**P.O. BOX 1412 N/A**  
**ALACHUA FL 32615**

TITLE ☐ DELETE

**D**  
**DOIZ, ARIANNE**  
**5825 NW 32ND ST**  
**GAINESVILLE FL**

TITLE ☐ DELETE

**D**  
**MISURA, SHARON**  
**RT 3, BOX 261**  
**ALACHUA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME** Paula McCannless  
**1.3 STREET ADDRESS** P.O. Box 1412 11504 NW 136<sup>th</sup> St  
**1.4 CITY-ST-ZIP** Alachua, FL 32615

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME** Hyde, NITH  
**2.3 STREET ADDRESS** 3507 NW 170<sup>th</sup> St  
**2.4 CITY-ST-ZIP** Newberry, FL 32669

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

4.1 TITLE ☒ Change ☐ Addition

**4.2 NAME** Dolz, Ari  
**4.3 STREET ADDRESS** 12109 NW 129<sup>th</sup> Terr.  
**4.4 CITY-ST-ZIP** Alachua, FL 32615

5.1 TITLE ☒ Change ☐ Addition

**5.2 NAME** Lenox, Barbara  
**5.3 STREET ADDRESS** 12219 NW 56<sup>th</sup> Ave  
**5.4 CITY-ST-ZIP** Gainesville, FL 32653

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME** 400001919764  
**6.3 STREET ADDRESS** -08/13/96--01027--015  
**6.4 CITY-ST-ZIP** \*\*\*61.25

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, 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 McCannless*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96  
Date

(904) 362-2005  
Daytime Phone #

CR2E037 (12/95)