

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

99 MAR -8 PM 3:56

DOCUMENT # N93000000701 (3)

1. Corporation Name

ALACHUA ARABIAN HORSE ASSOCIATION, INC.

REINSTATEMENT 98-99

Principal Place of Business

11504 NW 136TH ST.
ALACHUA FL 32615

Mailing Address

P.O. BOX 400
ALACHUA FL 32615

correct to
3950 NE 127th Ct
W. Histon, FL 32696

3. Date Incorporated or Qualified

02/11/1993

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MCCANLESS, PAULA
11504 NW 136TH ST
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 City

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement to the Department of State for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Yolanda L. Gaines

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME BROWN, ELIZABETH A

STREET ADDRESS P.O. BOX 197

CITY-ST-ZIP GRANDIN FL

TITLE S ☒ DELETE

NAME HYDE, NITA

STREET ADDRESS 3507 N.W. 170 ST.

CITY-ST-ZIP NEWBERRY FL

TITLE T ☒ DELETE

NAME CRUISE, BEVERLY

STREET ADDRESS P.O. BOX 2035 N/A

CITY-ST-ZIP ALACHUA FL 32615

TITLE J ☒ DELETE

NAME EVANS, JENNIFER

STREET ADDRESS 8505 S.W. 98TH AVE.

CITY-ST-ZIP GAINESVILLE FL

TITLE D ☒ DELETE

NAME CAPELOTO, BECKY

STREET ADDRESS 5333 N.W. 45 LANE

CITY-ST-ZIP GAINESVILLE FL

TITLE D ☒ DELETE

NAME MISURA, SHARON

STREET ADDRESS RT 3, BOX 261

CITY-ST-ZIP ALACHUA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Yolanda L. Gaines ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS 3950 NE 127th Ct.

1.4 CITY-ST-ZIP W. Histon FL 32696

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 9230 NW 13th Place

2.4 CITY-ST-ZIP GAINESVILLE, FL 32606

3.1 TITLE Treasurer ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS Kristen Fielding

3.4 CITY-ST-ZIP 3507 NW 170 St

3.5 CITY-ST-ZIP Newberry FL 32669

4.1 TITLE Evans, Jennifer ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 1150 NW 165th St.

4.4 CITY-ST-ZIP Citra FL 32113

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS Connie Carter

5.4 CITY-ST-ZIP 20400 NW 14th Ave

5.5 CITY-ST-ZIP Gainesville, FL 32609

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS Heather Stallen

6.4 CITY-ST-ZIP 5916 NW 15th St

6.5 CITY-ST-ZIP Alachua, FL 32615

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: Beverly Cruise
Yolanda L. Gaines

3/5/99

Date

Daytime Phone #

0001731

CR2E037 (5/98)