

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



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

1996-2796

B-1555

(7)

DOCUMENT # 593404

1. Corporation Name

OCALA ARABIAN BREEDERS SOCIETY, INC.



Principal Place of Business

1601 SW 60 AVE
OCALA FL 34471
US

Mailing Address

15151 NW 162 TERR
WILLISTON FL 32696

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
11/15/1978

3a. Date of Last Report
04/28/1995

4. FEI Number
59-1866070

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PATSCHIEDER, BARBARA
1515 N.W. 162 TERRACE
WILLISTON FL 32696

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Change of Registered Agent)

(Signature of Registered Agent or Change of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
PATSCHIEDER, DONALD
15151 NW 162 FLOOR
WILLISTON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
WHITE, STANLEY
1001 W. HIGHWAY 316
CITRA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
O'NEAL, LINDA
P.O. BOX 305 NA
REDDICK FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
POTAPOW, MICHAEL
5500 S.E. 17TH STREET
OCALA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DINGFELDER, SIMON
P.O. BOX 2277 NA
DADE CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
STREETER, JACK
9809 NW 60TH AVE.
OCALA FL 34482

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ 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 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. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara Patschieder

BARBARA PATSCHIEDER

TREAS

2/23/96 352528-2104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E034 (12/95)