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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 593404

(7)

OCALA ARABIAN BREEDERS SOCIETY, INC.

FILED

Apr 16 1997 8:00am

Secretary of State

| Principal Place | of Business | Mailing Address | | | | n jaaran ering lahaa liini aran abist aran eridir aran aran aran aran aran aran aran ar | | | |
|--|---|--|-------------------|----------------------|--------------------|---|---|----------------------------|----------------|
| 1601 BW 60 AVE OCALA FL 34471 US | | 15151 NW 162 TERR WILLISTON FL 32696-9792 | | | | | | | |
| | | | | | | 3. Date incorporated or Qualified 11/15/1978 | | e of Last 27/199 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | Applied For | | |
| 21 | | 26 | | | | 59-1866070 Not Applicable | | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | 4 | Additional |
| 22 | | 27 | | | | h | | Fee | Required |
| City & State | • | City & State | | | | 6. Election Campaign Financing | \$5.00 May Be | | |
| 23 | Compte | 28 | Country | | | Trust Fund Contribution | | | d to Fees |
| Zip | Country | Zip | 30 | riti y | | 8. This corporation has liability for in Florida Statutes | ntangible tax under s. 199.032, Yes No | | |
| 24 | 9. Name and Address of Current | 29 Registered Agent | 1301 | | | 10. Name and Address of New Reg | | | |
| DAT | SCHEIDER, BARBARA | Togical Togical | | B1 | Name | 10. 110110 01101000 0111011110 | 1010100 | 90111 | |
| 1515 N.W. 162 TERRACE | | | | | | | | | |
| | LISTON FL 32696 | 82 S | | | Street Add | Address (P.O. Box Number is Not Acceptable) | | | |
| ***** | DOLON I E OEOSO | | 1 | 83 | | | | | |
| - | A second | | ļ | 4 | | | | , , | · |
| | | | | 84 | City | | FL | 85 Zip | o Code |
| 11. Pursuant t | o the provisions of Sections 607.0502 | and 607.1508, Florida Statu | les, the ab | L | -named corp | poration submits this statement for the pu | | L L | its registered |
| office or re | egistered agent, or both, in the State of | I Florida, Such change was | authorized | d by | the corpora | poration submits this statement for the pution's board of directors. I hereby accept | the appo | intment a | as registered |
| | Treatment with and accept the conigat | iona or, occition our losos, r | ionida bian | uico. | | | | | 1 |
| SIGNATURE | Signature, typed or printed name of registered agent | and title it applicable. (NO | TF: Registered | Agen | il signalure requi | red when reinslating) | 1TAG | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICE | RS AND | DIRECTO | DRS IN 12 |
| TALE | VD | ☐ DELETE | 1,1 Title | | | | Į | Change | Addition |
| NAME | PATSCHEIDER, DONALD | | 1.2 NA | MF | | | | | |
| STREET ADDRESS | 15151 NW 162 FLOOR | | 1.3 Sī | | ADDRESS | | | | |
| CITY-ST-ZIP | WILLISTON FL | | | 1.4 CITY- ST - ZIP | | | | | |
| TITLE 🔑 . | P | LJ DELETE | 211 | LE | | | |] Change | Addition |
| NAME | WHITE, STANLEY | 22 | | 2.2 NAME | | | | | |
| STREET ADDRESS | 1001 W. HIGHWAY 316 | | 23 STREET ADDRESS | | ADDRESS | | | | |
| CITY-ST-ZIP | CITRA FL | | | 2.4 CITY - \$1 - 7IP | | | | | |
| TITLE | SD . | | | | | | 1 | Change | Addition |
| NAME | | D'NEAL, LINDA 321 | | | | | | | 1 |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 3.4. Cl | | - ZIP | | | 7 6 | 7,350 |
| TITLE | | | 4.1 7(1 | | 1 | | l | Change | Addition |
| NAME | POTAPOW, MICHAEL | | 4. 2 N/ | | | | | | ł |
| STREET ADDRESS | • | | 1 | 4.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | OCALA FL | DELETE | 4.4 Cil | | - ZIP | | | Change | Addition |
| TITLE | U SWOFE DED SWOW | L. DELETE | 5.1 1)] | | | | , | Ghange | E L.J Addition |
| NAME | | | 5.2 NA | | | | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | DADE CITY FL | ☐ DELFTE | 54 CIT | | - 7IP | | | Change | Addition |
| TITLE | D expected IACK | ן שונונונ | 6.1 111 | | | | 1 | vilange | LJ MODITION |
| NAME | STREETER, JACK | | 6.2 NA | | | | | | ĺ |
| STREET ADDRESS | 9809 NW 60TH AVE. | | | | ADDRESS | | | | |
| CITY-ST-ZIP | OCALA FL 34482 | with this filing does not avail | 6.4 CIT | | | d in Section 119.07(3)(i), Florida Statutes, | Lfurther | certify the | at the |
| 14. 1 00 hereb | y certify that the information supplied. | wan this tring does not qual | iry for the e | exen | nption stated | u in Section 119.07(3)(i), Florida Statutés, | i further | ceruly tha | atine I |

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 trusted 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. Teans