

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:37**

DOCUMENT # 701692 (6)

1. Corporation Name

THE FLORIDA HORSEMEN'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O PRISCILLA GORDON
43206 HOSSIN AROUND LN.
ALTOONA FL 32702

C/O PRISCILLA GORDON
43206 HOSSIN AROUND LN.
ALTOONA FL 32702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/09/1971	3a. Date of Last Report 02/23/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**MANUCY, A.
230 SPRING ST
ST AUGUSTINE FL 32084**

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, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HORVITZ, HAROLD
STREET ADDRESS	5022 PALOMA DR.
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	CARON, NORMA
STREET ADDRESS	HWY. 19 & 42 W.
CITY - ST - ZIP	ALTOONA FL
TITLE	T
NAME	GORDON, PRISCILLA M.
STREET ADDRESS	43206 HOSSIN AROUND LN.
CITY - ST - ZIP	ALTOONA FL
TITLE	P
NAME	MANUCY, A
STREET ADDRESS	230 SPRING ST
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	V
NAME	MANUCY, BUBBA
STREET ADDRESS	240 SPRING STREET
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	HOLLOWAY, SHARON
STREET ADDRESS	305 E. TENN AVE.
CITY - ST - ZIP	ASTATULA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norma Caron* Norma Caron 1-23-95 904-669-4918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date