

**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 # **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

3. Date Incorporated or Qualified **12/09/1971** 3a. Date of Last Report **01/30/1995**

21. Principal Place of Business **18 Rockport St.** 2a. Mailing Address **P.O. Box 1593**  
Suite, Apt. #, etc.

22. City & State **Eustis** 27. City & State **FL**

24. Zip **32727** 25. Country **USA** 29. Zip **32727** 30. Country **USA**

4. FEI Number **NOT APPLICABLE** 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  
**MANUCY, A.  
230 SPRING ST  
ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent  
81 Name **JOAN EASTMAN**  
82 Street Address (P.O. Box Number is Not Acceptable) **P.O. Box 1593 18 Rockport St.**  
83 **300001785649**  
**-03/07/96--01063--018**  
84 City **Eustis** **\*\*\*61.25** FL 85 Zip Code **32727**

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 **JOAN EASTMAN** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **Joan Eastman** DATE **3/1/96**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>NORMA CARON</b>	
1.3 STREET ADDRESS	<b>Hwy 19 &amp; 42 W</b>	
1.4 CITY-ST-ZIP	<b>ALTOONA, FL 32702</b>	
2.1 TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Ayers, Betsy</b>	
2.3 STREET ADDRESS	<b>2140 M. RACLE LN.</b>	
2.4 CITY-ST-ZIP	<b>CHULUOTA, FL 32766</b>	
3.1 TITLE	<b>EASTMAN, JOAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>EASTMAN, JOAN</b>	
3.3 STREET ADDRESS	<b>P.O. BOX 1593</b>	
3.4 CITY-ST-ZIP	<b>EUSTIS, FL 32727</b>	
4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DIXON, Debbie</b>	
4.3 STREET ADDRESS	<b>452 N. SANSULA DR.</b>	
4.4 CITY-ST-ZIP	<b>NEW SMYRNA FL 32168</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Cornwell Eileen</b>	
5.3 STREET ADDRESS	<b>12020 SANDY RUN</b>	
5.4 CITY-ST-ZIP	<b>Jupiter, FL 33478</b>	
6.1 TITLE	<b>Wagner, Carolyn</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Wagner, Carolyn</b>	
6.3 STREET ADDRESS	<b>2406 PANDORA LN.</b>	
6.4 CITY-ST-ZIP	<b>CHULUOTA, FL 32766</b>	

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

SIGNATURE: **Joan Eastman** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **3/1/96 (904) 357-8184** Daytime Phone #

CR2E037 (12/95)