

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 # 709214 (1)
1. Corporation Name
WESTERN HORSESHOW ASSOCIATION OF FLORIDA



Principal Place of Business
TROPICAL PARK
7900 SW 40 ST.
MIAMI FL 33155
US

Mailing Address
PAT KUEHL
219 KING AVE.
KEY LARGO FL 33037
US

3. Date Incorporated or Qualified
06/28/1965

3a. Date of Last Report
05/01/1995

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 14101 SW 26 ST
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
KUEHL, PAT
219 KING AVE.
KEY LARGO FL 33037

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 *Lynn Anderson* LYNN ANDERSON CPD 3/21/96
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CPD	KUEHL, PAT	219 KING AVE.	KEY LARGO FL	<input checked="" type="checkbox"/>
V	DYKES, TAMMY	30451 SW 217 AVE.	HOMESTEAD FL	<input checked="" type="checkbox"/>
T	GARCIA, HELENE	17200 SW 219 ST.	MIAMI FL	<input checked="" type="checkbox"/>
S	KUEHL, MICHAEL	219 KING AVE.	KEY LARGO FL	<input checked="" type="checkbox"/>
C	KUEHL, WENDY	219 KING AVE.	KEY LARGO FL	<input checked="" type="checkbox"/>
CSD	PELDZMAN, RENEE	5800 LEONARDO ST	CORAL GABLES FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
CPD	LYNN ANDERSON	14101 SW 26 ST	DAVIE, FL 33325	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Charlene Murray	14651 SW 16 St	DAVIE, FL 33325	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Chris Browner	11955 SW 80 Ct.	DAVIE, FL 33325	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Stephanie Tindall	11400 SW 288 St	Homestead, FL 33030	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Sharon Robillard	2825 Taylor St Apt 2	Hollywood, Fla 33020	<input checked="" type="checkbox"/>	<input type="checkbox"/>
500001787325		-04/19/96--01057--009	***61.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 23 if changed, or on an attachment with an address.

SIGNATURE: *Lynn Anderson* LYNN ANDERSON 4/14/96 474-9960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)