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May 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

14101 SW 26 ST.
DAVIE FL 33325-5006
US



3. Date Incorporated or Qualified
06/28/1965

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 11855 SW 8 Court

27 Suite, Apt. #, etc.

28 City & State

28 Davie, Florida

29 Zip

30 Country

30 33325 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

ANDERSON, LYNN
14101 SW 26 ST.
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name Christina Browner

82 Street Address (P.O. Box Number is Not Acceptable)
11855 SW 8 Court

83

84 City

Davie

FL

85 Zip Code 33325

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 *Christina Browner*
Signature, typed or printed name of registered agent and title if applicable

Christina Browner, TD

5/18/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, LYNN	
STREET ADDRESS	14101 SW 26 ST.	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, CHARLENE	
STREET ADDRESS	14651 SW 16 ST.	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWNER, CHRIS	
STREET ADDRESS	11855 SW 8TH CT.	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TINDALL, STEPHANIE	
STREET ADDRESS	16400 SW 288 ST.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROBILLARD, SHARON	
STREET ADDRESS	2325 TAYLOR ST. APT 2	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephanie Tindall	
1.3 STREET ADDRESS	16400 SW 288 Street	
1.4 CITY-ST-ZIP	Homestead, FL 33030	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Teresa Largen	
2.3 STREET ADDRESS	15301 Leisure Drive	
2.4 CITY-ST-ZIP	Leisure City, FL 33033	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charlene Murray	
3.3 STREET ADDRESS	14651 SW 16 Street	
3.4 CITY-ST-ZIP	Davie, FL 33325	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sherry Coker	
4.3 STREET ADDRESS	29200 Old Dixie Highway	
4.4 CITY-ST-ZIP	Homestead, FL 33033	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Christina Browner* 5/18/97 305-715-1490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037297

CR2E037 (9/96)