FILE NOW: FILING FEE IS $61.25

FILED
Apr 01 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 # 713481 (0)

1. Corporation Name

CENTRAL FLORIDA HUNTER AND JUMPER ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
10901 JUNIPERUS PLACE TAMPA FL 33618	10901 JUNIPERUS PLACE TAMPA FL 33618-3817

3. Date Incorporated or Qualified: 10/18/1967
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business
21: NAME CONNIE DREYER
22: Suite, Apt #, etc.: 1604 53RD ST. E.
23: City & State: PALMETTO, FLORIDA
24: Zip: 34221
25: Country: U.S.A.

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

4. FEI Number: 59-2889667 ☐ 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

SANDRA J CROWDER
10901 JUNIPERUS PL.
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name: CONNIE DREYER
82 Street Address (P.O. Box Number is Not Acceptable): 1604 53RD STREET EAST
83:
84 City: PALMETTO FL 85 Zip Code: 34221

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: Connie Dreyer, Treasurer — 3-27-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	POWERS, GEORGANN		1.2 NAME	DON STEWART	
STREET ADDRESS	9595 66TH ST. N.		1.3 STREET ADDRESS	5531 S.W. 7TH AVE.	
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CITY-ST-ZIP	OCALA, FL 34474	
TITLE	TD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	CROWDER, SANDRA		2.2 NAME	KEITH POWELL	
STREET ADDRESS	10901 JUNIPERUS PL.		2.3 STREET ADDRESS	18415 CITATION ST.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	LUTZ, FL. 33549	
TITLE	PD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	DOWING, PADDY		3.2 NAME	DOWNING, PADDY	
STREET ADDRESS	3034 UNION ST		3.3 STREET ADDRESS	4623 PEARL AVE. WEST	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	PADDY DOWNING		4.2 NAME	DOWNING, PADDY	
STREET ADDRESS	3030A UNION ST		4.3 STREET ADDRESS	4623 PEARL AVE. WEST	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	HANSEN, BONNIE		5.2 NAME	CONNIE DREYER, TREASURER	
STREET ADDRESS	10993 124TH AVENUE NO.		5.3 STREET ADDRESS	1604 53RD ST. E.	
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Connie Dreyer CONNIE DREYER 3/27/97 941-722-4459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0048484