

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-03/10/95--01092--001  
\*\*\*\*130.00 \*\*\*\*130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 731915 (5)  
1. Corporation Name  
GULF PASO FINO HORSE ASSOCIATION, INC.

Principal Place of Business Mailing Address  
1674 EAST COTTON RD. 1674 EAST COTTON RD.  
ECLECTIC AL 36024 ECLECTIC AL 36024

3. Date Incorporated or Qualified 02/19/1975 3a. Date of Last Report 05/01/1994  
4. FEI Number 58-1849597 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
MCMÁHON, WILLIAM E., II  
2809 SHAMROCK NORTH  
TALLAHASSEE FL 32308

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME THOMAS, SALLY  
STREET ADDRESS 1674 E. COTTON RD.  
CITY - ST - ZIP ECLECTIC AL 36024  
TITLE VD  
NAME HAYBORN, JIMMY  
STREET ADDRESS 351 HAYBORN RD.  
CITY - ST - ZIP WEBB AL 36376  
TITLE SD  
NAME CAMPBELL, DIANA  
STREET ADDRESS 1171 HWY 107  
CITY - ST - ZIP MONTEVALLO AL 35445  
TITLE TD  
NAME LYLES, MARY  
STREET ADDRESS 1716 LYLES DR  
CITY - ST - ZIP PRATTVILLE AL 36067  
TITLE AT  
NAME CONDLEY, TAMARA  
STREET ADDRESS 418 MEADOWLARK  
CITY - ST - ZIP ALBANY GA 31707  
TITLE AT  
NAME FOXWELL, MARSH  
STREET ADDRESS P.O. BOX 584 N/A  
CITY - ST - ZIP SYLVESTER GA 31701

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE Vice President  Change  Addition  
NAME Charlie Thomas  
1.2 NAME  
1.3 STREET ADDRESS 1674 East Cotton Rd  
1.4 CITY - ST - ZIP Eclectic AL 36024 0  
2.1 TITLE Treasurer  Change  Addition  
2.2 NAME Campbell, Diana  
2.3 STREET ADDRESS 3044 Horse Shoe Springs Dr  
2.4 CITY - ST - ZIP Conyers, Ga 30208 D  
3.1 TITLE Secretary  Change  Addition  
3.2 NAME Taylor, Elizabeth  
3.3 STREET ADDRESS 684 Nichols Rd  
3.4 CITY - ST - ZIP Seale, AL 36875 D  
4.1 TITLE Advisor  Change  Addition  
4.2 NAME Soude, Sheila  
4.3 STREET ADDRESS 810 Paradise Cove Lane  
4.4 CITY - ST - ZIP Wilsonville, AL 35785 T  
5.1 TITLE Advisor  Change  Addition  
5.2 NAME Abigante, Samantha  
5.3 STREET ADDRESS Rt 1 Box 409 N/A  
5.4 CITY - ST - ZIP Wantburg TN 37887 T  
6.1 TITLE  Change  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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sally Thomas* 2/10/95 5:45 PM 4328  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Signature)