SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:18
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **733582** **(1)**

1. Corporation Name

FLORIDA WESTERN WEAR & RIDING EQUIPMENT ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~P. O. BOX 771065~~ ~~WINTER GARDEN FL 34777-1065~~	~~P. O. BOX 771065~~ ~~WINTER GARDEN FL 34777-1065~~

3. Date Incorporated or Qualified: 08/14/1975
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-1788074 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5061 Napoli Dr	26 PO Box 11029
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Naples FL	28 City & State: Naples, FL
24 Zip: 33940 25 Country: U.S.A	29 Zip: 33941-1029 30 Country: USA

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 ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BENNETT, DAVID
~~267 LAKE SHORE DR.~~
~~MERRITT ISLAND FL 32953~~

10. Name and Address of New Registered Agent

81 Name: Colleen MacAlister
82 Street Address (P.O. Box Number is Not Acceptable): 5061 Napoli Dr.
83 ~~Naples~~
84 City: Naples FL 85 Zip Code: 33940

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: Colleen D. MacAlister Colleen D. MacAlister Executive Director 7-31-95
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	PD	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	MCGINTY, DAVID	1.2 NAME		
STREET ADDRESS	311 W. EDGEWOOD DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, BRIAN	2.2 NAME		
STREET ADDRESS	420 E. RIDGEWOOD ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	2VPD	3.1 TITLE	President	☒ Change ☐ Addition
NAME	TURNER, TOM	3.2 NAME		
STREET ADDRESS	4300 NW 66TH TERRACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606	3.4 CITY-ST-ZIP		
TITLE	STD	4.1 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	BENNETT, DAVID } delete	4.2 NAME	Marilyn Weaver	
STREET ADDRESS	267 LAKE SHORE DR.	4.3 STREET ADDRESS	937 Ledwith Pkwy	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	4.4 CITY-ST-ZIP	Rockledge, FL. 32955	
TITLE		5.1 TITLE	Executive Director	☐ Change ☒ Addition
NAME		5.2 NAME	Colleen D. MacAlister	
STREET ADDRESS		5.3 STREET ADDRESS	5061 Napoli Dr.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples, FL. 33940	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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: Colleen D. MacAlister Colleen D. MacAlister 7-31-95 941-434-0582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019384