

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 733582 (1)

1. Corporation Name

FLORIDA WESTERN WEAR & RIDING EQUIPMENT ASSOCIATION, INC.



Principal Place of Business

5061 NAPOLI DRIVE
NAPLES FL 33940
US

Mailing Address

P. O. BOX 771065
NAPLES FL 33941-1029
MA

3. Date Incorporated or Qualified
08/14/1975

3a. Date of Last Report
08/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1788074

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

10. Name and Address of New/Registered Agent

MACALISTER, COLLEEN
5061 NAPOLI DRIVE
NAPLES FL 33940

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 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

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 D ☐ DELETE
NAME MCGINTY, DAVID
STREET ADDRESS 311 W. EDGEWOOD DR.
CITY-ST-ZIP MELBOURNE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME HAMILTON, BRIAN
STREET ADDRESS 420 E. RIDGEWOOD ST.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME TURNER, TOM
STREET ADDRESS 4300 NW 68TH TERRACE
CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME WEAVER, MARILYN
STREET ADDRESS 937 LEAVITT PKWY
CITY-ST-ZIP ROCKLEDGE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ED ☐ DELETE
NAME MACALISTER, COLLEEN D
STREET ADDRESS 5061 NAPOLI DRIVE
CITY-ST-ZIP NAPLES FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

227-96 941-434-0582

CR2E037 (12/95)