

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 738181 (7)

1. Corporation Name

FLORIDA QUARTER HORSE BREEDERS AND OWNERS ASSOCIATION, INC.

Principal Place of Business

1877 EDMONDSON RD.
PO BOX 1400
NOKOMIS FL 34274-1400
US

Mailing Address

1877 EDMONDSON ROAD
PO BOX 1400
NOKOMIS FL 34274-1400



3. Date Incorporated or Qualified
02/22/1977

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2442800

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

EDMONDSON, MEREDITH S.
1877 EDMONDSON RD
NOKOMIS FL 34275

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

Meredith S. Edmondson MEREDITH S. EDMONDSON

6/3/96

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
NAME DAFFIN, G. ERNEST
STREET ADDRESS BRADFORDVILLE ROAD
CITY-ST-ZIP TALLAHASSEE FL ~~DECEASED~~ ☒ DELETE

11 TITLE D
12 NAME ENNIS, DARCEL
13 STREET ADDRESS 1374 Hwy 655
14 CITY-ST-ZIP AUBURNDALE, FL 33823 ☐ Change ☒ Addition

TITLE D
NAME BOOREAM, JOHN R.
STREET ADDRESS 777 ALTURAS RD
CITY-ST-ZIP BARTOW FL ☐ DELETE

21 TITLE D
22 NAME SUTTO, GERALD
23 STREET ADDRESS 5401 W. ANTHONY RD.
24 CITY-ST-ZIP OCHA, FL 34479 ☐ Change ☒ Addition

TITLE PD
NAME NEWSOME, BARNEY
STREET ADDRESS 401 N. 7TH ST.
CITY-ST-ZIP DADE CITY FL ☐ DELETE

31 TITLE D
32 NAME KESLING, GERALD
33 STREET ADDRESS 26440 INDIAN TR.
34 CITY-ST-ZIP PUNTA GORDA, FL 33950 ☐ Change ☒ Addition

TITLE D
NAME CROSSMAN, EARL
STREET ADDRESS 201 E. TROPICAL WAY
CITY-ST-ZIP PLANTATION FL ☐ DELETE

41 TITLE D
42 NAME OSILVIE, ROBERT V.
43 STREET ADDRESS 9030 OSILVIE RD.
44 CITY-ST-ZIP ORLANDO, FL 32819 ☐ Change ☒ Addition

TITLE S
NAME EDMONDSON, MEREDITH
STREET ADDRESS 1877 EDMONDSON RD.
CITY-ST-ZIP NOKOMIS FL ☐ DELETE

51 TITLE D
52 NAME CONNOR, DOYLE E JR.
53 STREET ADDRESS Rt 4 Box 4384
54 CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Change ☒ Addition

TITLE D
NAME SHAW, JOHN R., JR.
STREET ADDRESS 821 VIRGINIA ST.
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☒ Addition

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: *Meredith S. Edmondson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/96

944-484-4687

Date

Daytime Phone #

CR2E037 (12/95)