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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:12

DOCUMENT # 741469 (1)

1. Corporation Name
SOUTHERN REGIONAL PASO FINO HORSE ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
550 NORTHEAST 25TH AVE. OCALA FL 34470	550 NORTHEAST 25TH AVE. OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1978
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-3078883 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ROCCHI, GERALD R
1290 NE 120 ST
OCALA FL 34479

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SIEMER, CATHIE	1.2 NAME	
STREET ADDRESS	17401 SE HWY 475	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	~~CAVES, KELLI~~	2.2 NAME	V MYRNA SUAREZ
STREET ADDRESS	~~1270 MAN-O-WAR LANE~~	2.3 STREET ADDRESS	1920 S.E. 145TH ST
CITY-ST-ZIP	~~DELAND FL~~	2.4 CITY-ST-ZIP	SUMMERFIELD FL 34491
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	WATSON-PARKIN, JOANE	3.2 NAME	S RUTH ROCKCASTLE
STREET ADDRESS	STAR RTE 1 BOX 164	3.3 STREET ADDRESS	8372 C.R. 204
CITY-ST-ZIP	CRESCENT CITY FL	3.4 CITY-ST-ZIP	OXFORD FL 34484
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	ROCCHI, GERALD R	4.2 NAME	
STREET ADDRESS	1290 NE 120 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	~~OGILVIE, MADGE~~	5.2 NAME	D KELLI CAVES
STREET ADDRESS	~~P.O. BOX 1070~~	5.3 STREET ADDRESS	1270 MAN-O-WAR LANE
CITY-ST-ZIP	~~LADY LAKE FL~~	5.4 CITY-ST-ZIP	DELAND FL 32724
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	TALO, FRANK	6.2 NAME	
STREET ADDRESS	807 MCCLAINCOURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERES FL	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)(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: Gerald R Rocchi GERALD R. ROCCHI T. 1-20-95 904-622-9064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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