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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **741469** **(1)**

1. Corporation Name

SOUTHERN REGIONAL PASO FINO HORSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
550 NORTHEAST 25TH AVE. OCALA FL 34470	550 NORTHEAST 25TH AVE. OCALA FL 34470-7035

3. Date Incorporated or Qualified: **01/27/1978**
3a. Date of Last Report: **01/29/1996**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 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 _____ 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	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SIEMER, CATHIE		1.2 NAME	[redacted]	
STREET ADDRESS	17401 SE HWY 475		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	SUAREZ, MYRNA		2.2 NAME	MAULSBY, CATHY	
STREET ADDRESS	1920 S.E. 145TH ST		2.3 STREET ADDRESS	20677 N. HWY 329	
CITY-ST-ZIP	SUMMERFIELD FL		2.4 CITY-ST-ZIP	MICANOPY, FL 32667	
TITLE	S	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	SCHARMACH, NANCY		3.2 NAME	SATERBO, LAURA	
STREET ADDRESS	1876 NE 40TH CIRCLE		3.3 STREET ADDRESS	3310 N. GALLOWAY RD.	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	T	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	ROCCHI, GERALD R		4.2 NAME	JORDAN, SHIRLEY	
STREET ADDRESS	1290 NE 120 ST		4.3 STREET ADDRESS	20677 N. HWY 329	
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP	MICANOPY, FL 32667	
TITLE	D	☐ DELETE	5.1 TITLE	V	☒ Change ☐ Addition
NAME	CAVES, KELLI		5.2 NAME		
STREET ADDRESS	1270 MAN-O-WAR LANE		5.3 STREET ADDRESS	P.O. BOX 1065 (N/A)	
CITY-ST-ZIP	DELAND FL		5.4 CITY-ST-ZIP	ALTOONA, FL 32702	
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	DELRICH, JIM		6.2 NAME	DELRICH, JIM	
STREET ADDRESS	3101 SE 52ND STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: SHIRLEY JORDAN [signature] 1-14-97 (352) 466-3914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0085541