FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State
05-24-1999 90009 019 ****61.25

564092 - 90009 - 19

DOCUMENT # 741469

1. Corporation Name

Southern Regional Paso Fino Horse Association, Inc.

Principal Place of Business	Mailing Address
550 N.E. 25th Avenue Ocala FL 34470	550 N.E. 25th Avenue Ocala FL 34470

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	01/27/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-3078883 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Gerald R. Rocchi 1290 N.E. 120th Street Ocala FL 34479	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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Siemer, Cathie		1.2 NAME		
STREET ADDRESS	17401 S.E. Highway 475		1.3 STREET ADDRESS		
CITY-ST-ZIP	Summerfield FL 34491		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	Maulsby, Cathy		2.2 NAME		
STREET ADDRESS	20677 N. Highway 329		2.3 STREET ADDRESS		
CITY-ST-ZIP	Micanopy FL 32667		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	Saterbo, Laura		3.2 NAME		
STREET ADDRESS	3310 N. Galloway Road		3.3 STREET ADDRESS		
CITY-ST-ZIP	Lakeland FL 33810		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	T/D	☐ Change ☒ Addition
NAME	Jordan, Shirley		4.2 NAME	Kendziora, Lorelei	
STREET ADDRESS	20677 N. Highway 329		4.3 STREET ADDRESS	11760 N.E. 14th Avenue	
CITY-ST-ZIP	Micanopy FL 32667		4.4 CITY-ST-ZIP	Anthony FL 32617	
TITLE	V	☒ DELETE	5.1 TITLE	V/D	☐ Change ☒ Addition
NAME	Caves, Kelli		5.2 NAME	Perich, Barbara	
STREET ADDRESS	P. O. Box 1065 N/A		5.3 STREET ADDRESS	17901 Spencer Road	
CITY-ST-ZIP	Altoona FL		5.4 CITY-ST-ZIP	Odessa FL 33556	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	Oelrich, Jim		6.2 NAME	DeChaine, Priscilla	
STREET ADDRESS	3101 S.E. 52nd Street		6.3 STREET ADDRESS	P. O. Box 568 N/A	
CITY-ST-ZIP	Ocala FL 34480		6.4 CITY-ST-ZIP	Welaka FL 32193	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Lorelei V. Kendziora Lorelei V. Kendziora 5/19/99 (352) 732-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #