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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 752495

1. Corporation Name

FLORIDA STATE FARRIERS ASSOCIATION, INC.

154433 · 90056 · 20

Principal Place of Business	Mailing Address
4291 128TH TERRACE. S LAKE WORTH FL 33467 US	4291 128TH TERRACE. S LAKE WORTH FL 33467 US

2. Principal Place of Business	2a. Mailing Address
21 39905 Richland Rd.	26 39905 Richland Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Zephyrhills Fl.	City & State 28 Zephyrhills Fl
Zip 24 33540 Country 25 US	Zip 29 33540 Country 30 US

3. Date Incorporated or Qualifed: 05/15/1980

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SARAH MCMURRAY
4291 128TH TERRACE, S
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name: KIRK W. Stimpson
82 Street Address (P.O. Box Number is Not Acceptable): 39905 Richland Rd
83
84 City: Zephyrhills FL 85 Zip Code: 33540

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: Kirk W Stimpson — 10 Feb 99
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STIMPSON, KIRK		1.2 NAME		
STREET ADDRESS	39905 RICHLAND RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		1.4 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	JIM ZIMMERMAN		2.2 NAME	Daryl Beam	
STREET ADDRESS	P. O. BOX 35 N/A		2.3 STREET ADDRESS	1800 Marsh Rd	
CITY-ST-ZIP	OLDSMAR FL		2.4 CITY-ST-ZIP	Oviedo Fl 32765	
TITLE	DS	☑ DELETE	3.1 TITLE	OS	☑ Change ☐ Addition
NAME	GALLION, KEN		3.2 NAME	Robert Creel	
STREET ADDRESS	14810 N.W. 185TH ST		3.3 STREET ADDRESS	6012 Allen La.	
CITY-ST-ZIP	WILLISON FL 32676		3.4 CITY-ST-ZIP	Lakeland Fl 33811	
TITLE	TD	☑ DELETE	4.1 TITLE	TO	☑ Change ☐ Addition
NAME	SARAH MCMURRAY		4.2 NAME	Rich Cleland	
STREET ADDRESS	4291 128TH TERRACE, S		4.3 STREET ADDRESS	890 Sumner Rd	
CITY-ST-ZIP	LAKE WORTH FL 33467		4.4 CITY-ST-ZIP	Wachula Fl 33873	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED Kirk W Stimpson — 10 Feb 99 — 813-783-6076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #