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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 11:05

DOCUMENT # **764379** **(4)**

1. Corporation Name

GOLD COAST ARABIAN HORSE CLUB, INC.

Principal Place of Business	Mailing Address
601 CLEARY ROAD WEST PALM BEACH FL	601 CLEARY ROAD WEST PALM BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1982
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0764379 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FREEMAN, BRENDA
11895 171 LANE N.
JUPITER FL 33478

10. Name and Address of New Registered Agent

81 Name: PAMELA A. SHEEDY-KNISLEY
82 Street Address (P.O. Box Number is Not Acceptable): 601 CLEARY RD.
83
84 City: W. PALM BEACH FL 85 Zip Code: 33413

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: Pamela A. Sheedy-Knisley / PAMELA A. SHEEDY-KNISLEY 5/20/95
Signature, typed or printed name of registered agent and title if [illegible] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☑ Change ☐ Addition
NAME	SHARONE, LINDA	1.2 NAME	CHARLENE MILLER	
STREET ADDRESS	8763-159TH CT N	1.3 STREET ADDRESS	13967-159th. ST. NORTH	
CITY-ST-ZIP	PALM BCH GDNS FL	1.4 CITY-ST-ZIP	JUPITER, FL 33478	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, BRENDA	2.2 NAME		
STREET ADDRESS	11895 171 LANE N.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP		
TITLE	SP	3.1 TITLE		☐ Change ☐ Addition
NAME	BARTOSIK, LYNDA	3.2 NAME		
STREET ADDRESS	1420-87TH CT N	3.3 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	SHEEDY-KNISLEY, PAMELA	4.2 NAME		
STREET ADDRESS	601 CLEARY ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Pamela A. Sheedy-Knisley 5/20/95 (407)-683-7382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAMELA A. SHEEDY-KNISLEY

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