FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #

764379

(4)

GOLD COAST ARABIAN HORSE CLUB, INC.

GOLD COAST ANADIAN HONSE CLUB, INC.											
Principal Place	of Business		М	alling Address					t amarin indern deibe debad tehte bangta tatt dente dinter delte atiete atiete atiete atiete tatal		
601 CLEARY ROAD WEST PALM BEACH FL WEST PALM BEACH					FL						
									3. Date Incorporated or Qualified		
2. Principal Pla 21	lace of Busine	SS	2a 26	. Mailing Address					4. FEI Number Applied For Not Applicable		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State			28	City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip 24	Country 25			Zip Cou 30			fry		B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name	and Address of Curre	nt Regis	stered Agent					10. Name and Address of New Registered Agent		
						81	I	Name			
SHEEDY-KNISLEY, PAMELA A. 601 CLEARY RD.						62	+	Street Addr	Address (P.O. Box Number is Not Acceptable)		
W. PALM BEACH FL 33413						83	L				
						64		City	FL 85 Zip Code		
or register	red agent, or I	ns of Sections 617.050; both, in the State of Flor t the obligations of, Sec	ida. Suci	h change was authorize	ed be	e above- y the corp	na XX	amed corpor ration's boar	ration submits this statement for the purpose of changing its registered office rd of directors. I hereby accept the appointment as registered agent. I am		
SIGNATURE _	Signature, typedic	r printed name of registered agen	t and title If	annicable. (NO)	TE: Re	oistered Age	nt i	Signature require:	of when reinstating) DATE		
12.	org salar or types o	OFFICERS AN				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD			☐ DELETI:		1.1 TITLE			Change Addition		
NAME		CHARLENE				1.2 NAME					
STREET ADDRESS	1	19TH ST. NORTH				1.3 STREE	T A	ADDRESS			
CITY-ST-ZIP	JUPITER	FL				1.4 CITY-	ST-				
TITLE	VD			∏ DELET€		2.1 TITLE		13	VD Change Addition		
NAME	1	N, BRENDA				2.2 NAME		"/\	VD Grange Addition VANCY BRANN		
STREET ADDRESS		'1 LANE N				2.3 STREE	Į A	ADDRESS /	LLU -139WC LUURI N.		
CITY-ST-ZIP	JUPITER	<u>FL</u>				2. 4 CITY -	\$1		TUPITER, FL 33478		
TITLE	SP	UZ 13/04/DA		DELETI		3.1 TITLE			γ □ Rinange □ Addition		
NAME	1	IK, LYNDA				3.2 NAME		S	TEFANIE CHEATWOOD		
STREET ADDRESS	1420-871	TCHEE FL				3.3 STREE		ADDRESS 2	800 S.E. BETOLE RO		
CITY-ST-ZIP	TD	IONEE FL		□ DELETE:		3.4. CITY-	SI	r-zip //C	OBE SOUND, FL 33455		
TITLE		KNISLEY, PAMELA		□ pereit:		4.1 TITLE			Citaige C Andaton		
NAME CINETADDRESS		ARY ROAD				4. 2 NAME 4.3 STREE		IODBECC			
STREET ADDRESS		ALM BEACH FL									
CITY-ST-ZIP TITLE						4.4 CITY - S 5.1 TITLE	- ا د	- LIF	☐ Change ☐ Addition		
NAME				Service Community		5.2 NAME					
STREET ADDRESS						5.3 STREE	T A	ADDRESS			
CITY-ST-ZIP						5.4 CITY-1		1			
TITLE				☐ DELET(:		6.1 TITLE			☐ Change ☐ Addition		
NAME]					6.2 NAME					
STREET ADDRESS						6.3 STREE	ŧΑ	ADDRESS			
CITY-ST-ZIP						6.4 CITY - S	ST-	- ZIP			
certify that oath; that	it the informati I am an office	on indicated on this ann	ual repo oration o	rt or supplemental anno ir the receiver or truster	ual re emp	eport is tr	uе	and accura	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I further ate and that my signature shall have the same legal effect as if made under is report as required by Chapter 617, Florida Statutes; and that my name		

SIGNATURE: Pamela A. Shudy - Muslig, PAMELA A SHEEVY - HVISLEY, 4/32/90 PRINTED HYPED OF PRINTED HYPED OF PRINTED HYPED OF SIGNING OFFICE POPPE OF SIG