

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 07, 1999 8:00 am
Secretary of State

05-07-1999 90169 031 ****61.25

DOCUMENT # 764379

1. Corporation Name

GOLD COAST ARABIAN HORSE CLUB, INC.

Principal Place of Business

601 CLEARY ROAD
WEST PALM BEACH FL

Mailing Address

601 CLEARY ROAD
WEST PALM BEACH FL



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

3. Date Incorporated or Qualified

07/30/1982

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

9. Name and Address of Current Registered Agent

SHEEDY-KNISLEY, PAMELA A.
601 CLEARY RD.
W. PALM BEACH FL 33413

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **MILLER, CHARLENE**
STREET ADDRESS **13967-159TH ST. NORTH**
CITY-ST-ZIP **JUPITER FL**

TITLE **VD** ☒ DELETE
NAME **SHARONE, MARK**
STREET ADDRESS **8763 159TH COURT**
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE **SP** ☐ DELETE
NAME **RAZ, MICHELE**
STREET ADDRESS **11173 164TH COURT**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **TD** ☐ DELETE
NAME **SHEEDY-KNISLEY, PAMELA**
STREET ADDRESS **601 CLEARY ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **DAN MARTINELLI**
1.3 STREET ADDRESS **2800 BRIDGE RD.**
1.4 CITY-ST-ZIP **HOBE SOUND, FL 33455**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **KELLIE HENLEY**
2.3 STREET ADDRESS **10333 RANDOLPH SIDING RD.**
2.4 CITY-ST-ZIP **JUPITER, FL 33478**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Pamela Sheedy-Knisley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

561-683-7382

Date Daytime Phone #

CR2E037 (11/98)

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