

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000003989 (9)**

1. Corporation Name

**HORSEMEN'S BENEVOLENT & PROTECTIVE ASSOCIATION F
OUNDATION, INC.**

Principal Place of Business

**20801 BISCAYNE BLVD #426
AVENTURA FL 33180**

Mailing Address

**20801 BISCAYNE BLVD #426
AVENTURA FL 33180**



3. Date Incorporated or Qualified
08/16/1995

3a. Date of Last Report

2. Principal Place of Business

21 20801 Biscayne Blvd #442

2a. Mailing Address

26 20801 Biscayne Blvd #442

4. FEI Number

52-6063271

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

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

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

23 Zip

Country

28 Zip

Country

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25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAVIN, SCOTT
3757 NE 208 TERRACE
AVENTURA FL 33180**

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 **DC** ☐ DELETE
NAME **HAGAN, ED**
STREET ADDRESS **20133 NE BROADWAY CT**
CITY-ST-ZIP **TROUTDALE OR 97060**

TITLE **D** ☐ DELETE
NAME **STIRLING, KENT**
STREET ADDRESS **8301 NW 19TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☐ DELETE
NAME **HILES, RICK**
STREET ADDRESS **4211 SOUTHERN PKWY**
CITY-ST-ZIP **LOUISVILLE KY 40214**

TITLE **P** ☒ DELETE
NAME **BOWMAN, MELVYN**
STREET ADDRESS **95 W PINE ST**
CITY-ST-ZIP **PALMYRA PA 17078**

TITLE **ST** ☐ DELETE
NAME **SAVIN, SCOTT**
STREET ADDRESS **3757 NE 208 TERRACE**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 **President**
4.3 STREET ADDRESS **Bill Walmsley**
4.4 CITY-ST-ZIP **398 Barne # Drive**
Datesville, AL 35801

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 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/96

Date

(305) 935-4700

Daytime Phone #