

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003989 (9)**

1. Corporation Name

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



Principal Place of Business		Mailing Address	
20801 BISCAYNE BLVD #442 AVENTURA FL 33180 US		20801 BISCAYNE BLVD #442 AVENTURA FL 33180 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Country	
24		30	

3. Date Incorporated or Qualified

**08/16/1995**

4. FEI Number

**52-6063271**

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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 registrant 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	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGAN, ED	1.2 NAME	
STREET ADDRESS	20133 NE BROADWAY CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	TROUTDALE OR 97060	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIRLING, KENT	2.2 NAME	
STREET ADDRESS	8301 NW 19TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILES, RICK	3.2 NAME	
STREET ADDRESS	4211 SOUTHERN PKWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY 40214	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALMSLEY, BILL	4.2 NAME	
STREET ADDRESS	398 BARNETT DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	BATESVILLE AK	4.4 CITY - ST - ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVIN, SCOTT	5.2 NAME	
STREET ADDRESS	3757 NE 208 TERRACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	AVENTURA FL 33180	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: A

C/26/98

(205) 935-4100

CP2E037 (10/97)