FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

Amended

FILED
96 NOV 26 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003990 (7)

1. Corporation Name
HORSEMEN'S BENEVOLENT & PROTECTIVE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
20801 BISCAYNE BLVD #426 AVENTURA FL 33180	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.	2a. Mailing Address 26 20801 BISCAYNE BLVD.
Suite, Apt. #, etc. 22 #442	Suite, Apt. #, etc. 27 #442
City & State 23 AVENTURA, FL	City & State 28 AVENTURA, FL
Zip 24 33180 Country 25	Zip 29 33180 Country 30

4. FEI Number: 53-0228377 ☐ 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 Fee

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

9. Name and Address of Current Registered Agent

SAVIN, SCOTT
3757 NE 208 TERRACE
AVENTURA FL 33180

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC HAGAN, ED 20133 NE BROADWAY CT TROUTDALE OR 97060	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P WAMSLEY, BILL 398 BARNETT DRIVE BATESVILLE, AR 72501
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STIRLING, KENT 8301 NW 19TH ST PEMBROKE PINES FL 33024	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	900002019209--3 -12/04/96--01045--002 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILES, RICK 4211 SOUTHERN PKWY LOUISVILLE KY 40214	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOWMAN, MELVYN 85 W PINE ST PALMYRA PA 17078	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SAVIN, SCOTT 3757 NE 208 TERRACE AVENTURA FL 33180	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 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: SCOTT SAVIN 11/20/96 305-935-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)