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Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000003990 (7)

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



Principal Place of Business: 20801 BISCAYNE BLVD # 442 AVENTURA FL 33180 US  
Mailing Address: 20801 BISCAYNE BLVD # 442 AVENTURA FL 33180-1430 US

3. Date Incorporated or Qualified: 08/16/1995  
3a. Date of Last Report: 06/24/1996  
4. FEI Number: 53-0228377  
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: [x] Yes [ ] No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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  
85 Zip Code: FL

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 [x] DELETE  
NAME: BOWMAN, MELVYN  
STREET ADDRESS: 95 W PINE ST  
CITY-ST-ZIP: PALMYRA PA 17078  
TITLE: P [ ] DELETE  
NAME: WALMSLEY, BILL  
STREET ADDRESS: 398 BARNETT DRIVE  
CITY-ST-ZIP: BATESVILLE AK  
TITLE: [ ] DELETE

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  
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 [x] Change [x] Addition  
6.2 NAME: Secretary Treasurer  
6.3 STREET ADDRESS: Scott Savin  
6.4 CITY-ST-ZIP: 3757 NE 208 Terrace Aventura, FL 33180

14. I do 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: [Signature] 1/27/97 (305) 925-4700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033433

CR2E037 (9/96)