May 05, 2003 8:00 am § Secretary of State

05-05-2003 92188 019 ****61.25

2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0000006991

1. Entity Name

HORSESISTERS	8	ASSOCIATES,	INCORP	ORATED
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ce of Business	Mailing Address							
124 S. PARK AVENUE 124 S. P								
) (\$6.000 Et) \$6) (1866) 18 69) 186 9) 186 9)	## #			
		*						
t. #, etc.	Suite, Apt. #, etc.	 	×	CHECK HERE IF MAKI	NG CHANGES			
City & State City		City & State		3670805		oplied For		
Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Ad	ditional		
6. Name and Address of Curre	nt Registered Agent		7. Name and Add	ress of New Registers				
		Name	Name					
CLAIRESE M		Street Addre		Not Acceptable)				
			 					
LE FL 32/90								
•		City		F	Zip Cod	e		
	for the purpose of changing it	s registered office or reg	istered agent, or both, in	the State of Florida. I a	m familiar with,	and accept		
allons of registered agent.	har			116	0/			
Coflures 1	n. Wilt	'n		4/2	4/03			
	ent and title if applicable. (NO	TE: Registered Agent signature re-	quired when reinstating)	DAT	Ē	 _		
FILE NOW: FEE IS \$61.25			\$5.00 May Be Added to Fees					
OFFICERS AND I								
,	DIRECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	110		
D	DIRECTORS Delete	TITLE	rector ,	ES TO OFFICERS AND	DIRECTORS IN Change	110 Addition		
AUSTIN, CLAIRESE		TITLE R	MIRECTOR A. A	HISTIN	☐ Change			
AUSTIN, CLAIRESE 124 S. PARK AVENUE		TITLE NAME STREET ADDRESS	orrector onald A. A 14 South	rusti'N ark Ave	☐ Change			
AUSTIN, CLAIRESE 124 S. PARK AVENUE TITUSVILLE FL 32796	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	orrector onald A. A 14 South F tusville FL	rustin Vark Ave 32796	☐ Change	Addition		
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	Place of Business ME . #, etc. Ite Country 6. Name and Address of Currer CLAIRESE M ARK AVENUE LE FL 32796 e named entity submits this statement tions of registered agent. Signature, bleed or printed name of registered age FILE NOW: FEE IS \$61.25	Place of Business Place of Business AME Place of Business AME Suite, Apt. #, etc. City & State Country Clairese M ARK AVENUE LE FL 32796 CLAIRESE M ARK AVENUE LE FL 32796 ARK AVENUE LE FL 32796 ARK AVENUE Signature, bleed or printed name of registered agent and title if applicable. (NC FILE NOW: FEE IS \$61.25 9. Election Ca Trust Fund	AVENUE L 32796 124 S. PARK AVENUE TITUSVILLE FL 32796 Place of Business M.C. Suite, Apt. #, etc. City & State Country Country Country Country Country Country Clairese M ARK AVENUE LE FL 32796 City Enamed entity submits this statement for the purpose of changing its registered office or regitions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature reconstructions) 9. Election Campaign Financing	AVENUE 124 S. PARK AVENUE TITUSVILLE FL 32796 Place of Business 3. Mailing Address WE Suite, Apt. #, etc. City & State Country Zip Country 5. Certificate of St 6. Name and Address of Current Registered Agent Name CLAIRESE M ARK AVENUE 11E FL 32796 City c named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in titions of registered agent. Signature, speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be	Place of Business AC Place of Business AC WE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Signature speed or printed name of registered agent and title if applicable. Signature speed or Comparign Financing 9. Election Campaign Financing \$5.00 May Be Make Che Check Here IF MAK. Che	AVENUE 124 S. PARK AVENUE TITUSVILLE FL 32796 Place of Business ME Suite, Apt. #, etc. Suite, Apt. #, etc. Country Zip Country Sip Country Signature, upled or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstains) Place of Business ME CHECK HERE IF MAKING CHANGES ARKING CHANGES ARK AVENUE 1. FEI Number 59-3670805 ARK AVENUE 1. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Signature, upled or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstains) DATE Make Check Payable Make Check Payable		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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