

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90249 027 ****70.03

DOCUMENT # N00000007174			
1. Entity Name AREA III SHETLAND MINIATURE HORSE CLUB, INC.			
Principal Place of Business C/O 10780 NE 47TH AVENUE ANTHONY FL 32617		Mailing Address 9601 NW 137 AVE MORRISTON FL 32668	
2. Principal Place of Business C/O 10780 N. E. 47th Ave. Suite, Apt. #, etc.		3. Mailing Address C/O 10780 N. E. 47th Ave. Suite, Apt. #, etc.	
City & State Anthony FL Zip 32617 Country USA		City & State Anthony FL Zip 32617 Country U.S.A	
4. FEI Number 59-3695829		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, HOWARD C/O 10780 NE 47TH AVENUE ANTHONY FL 32617		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Howard Morris Pres.</i> HOWARD MORRIS 4/28/04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, HOWARD 10780 NE 47TH AVENUE ANTHONY FL 32617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARK A. SNOW 2774 S. E. 132nd STREET Summerfield, FL. 33491 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRADLEY, JAMIE PO BOX 899 CITRA FL 32113 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/A CYNTHIA NAPIER 2509 Quail Roost Rd. Doctors Inlet, FL. 32068 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUONO, PATRICIA 9601 NW 137 AVE MORRISTON FL 32668 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/A ROSEMARY MEREDITH 2505 LOGHOUSE Rd. PLANT CITY, FL. 33565 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/T RUTHANNE CIMIOHA 4152 S. E. 150th STREET Summerfield, FL. 34491 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD GERALDINE MORRIS 10780 N. E. 47th AVENUE ANTHONY, FL. 32617 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD S. Russ Houle P.O. Box 58 COLEMAN, FL. 33521 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE *Howard Morris*

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MOORE CR2E037 (11/03)