## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Aug 22, 2007 8:00 am Secretary of State DOCUMENT # N00000007174 1. Entity Name 08-22-2007 90022 025 \*\*\*\*61.25 AREA III SHETLAND MINIATURE HORSE CLUB, INC. Principal Place of Business Mailing Address 10780 N.E. 47TH AVE. ANTHONY FL 32617 10780 N.E. 47TH AVE. ANTHONY FL 32617 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/07) City & State City & State Applied For 4. FEI Number 59-3695829 Not Applicable Zio Country \$8.75 Additional Country Zio 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, HOWARD Street Address (P.O. Box Number is Not Acceptable) 10780 NE 47TH AVE ANTHONY FL 32617 Zip Code FL 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 5, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TBOD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MORRIS, HOWARD NAME NAME 10780 NE 47TH AVENUE STREET ADDRESS STREET ADDRESS ANTHONY FL 32617 CITY-ST-ZIP CITY-ST-ZIP VPD THLE Delete TITLE ☐ Change Addition SNOW, MARK A NAME MARZE 2774 SE 152ND ST. STREET ADDRESS STREET ADDRESS SUMMERFIELD FL 33491 CITY-ST-ZIP CITY-ST-ZIP TITLE BOD Delete HILE Change ■ Addition CIMIOTTA, RUTHANNE NAME 4251 S.E. 150TH ST STREF MODRESS STHEET ADDRESS SUMMERFIELD FL 34491 CITY-ST-ZIP CHY-ST-71P AROD 0015 TITLE ☐ Delete Change Addition CAUDILL CHARLES CANDILL, CHARLES NAME STREET ADDRESS 7150 N.E. 138TH LN STREET ADDRESS NEWBERRY FL 32669 CITY-ST-71P CITY-ST-7IP SBOD Addition HILE Delete IIILE ☐ Change BUONO. PATRICIA BUODO, PATRICIA NAME NAML STREET ADDRESS 9601 137 N.W. AVE STREET ADDRESS MORRISTON FL 32668 CITY-ST-ZIP CITY-ST-ZIP TBOD THILE ☐ Delete TITLE Change Addition MORRIS, GERADLINE MAME NAME STREET ADDRESS 10780 NE 47TH AVE., STREET ADDRESS ANTHONY FL 32617 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

FILED