

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

DOCUMENT # N01000007928

1. Entity Name

TRI-STATE MINATURE HORSE CLUB, INC.



Principal Place of Business

326 FERN WOOD WAY
PANAMA CITY FL 32404

Mailing Address

326 FERN WOOD WAY
PANAMA CITY FL 32404

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E037 (4/04)

FILED

04 JUN -3 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

ANDERSON, CHERIE
326 FERNWOOD WAY
PANAMA CITY FL 32404

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

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 September 8, 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

TITLE PT ☐ Delete
NAME ANDERSON, CHERIE
STREET ADDRESS 326 FERNWOOD WAY
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE VPT ☐ Delete
NAME DITTUS, SANDRA
STREET ADDRESS P.O. BOX 601
CITY-ST-ZIP BONIFAY FL 32425

TITLE ST ☐ Delete
NAME MORK, KARON
STREET ADDRESS 1309 10TH STREET
CITY-ST-ZIP PANAMA CITY FL 32409

TITLE T ☒ Delete
NAME BARRETT, LAURA
STREET ADDRESS 421 ELM WAY
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 100037583221
STREET ADDRESS 06/02/04--01060--001 **60.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 100037583221
STREET ADDRESS 06/02/04--01060--002 **1.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Laura Helms
STREET ADDRESS 1064 Helms RD
CITY-ST-ZIP Bonifay FL 32425

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/28/04

850-871-5255