

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000007928

**FILED**  
**Oct 05, 2006**  
**Secretary of State**

**Entity Name:** TRI-STATE MINATURE HORSE CLUB, INC.

**Current Principal Place of Business:**

326 FERN WOOD WAY  
PANAMA CITY, FL 32404

**New Principal Place of Business:**

**Current Mailing Address:**

326 FERN WOOD WAY  
PANAMA CITY, FL 32404

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ANDERSON, CHERIE  
326 FERNWOOD WAY  
PANAMA CITY, FL 32404 US

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.

SIGNATURE: CHERIE ANDERSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: ANDERSON, CHERIE  
Address: 326 FERNWOOD WAY  
City-St-Zip: PANAMA CITY, FL 32404

Title: VPT ( ) Delete  
Name: DITTUS, SANDRA  
Address: P.O. BOX 601  
City-St-Zip: BONIFAY, FL 32425

Title: ST ( ) Delete  
Name: HAND, DINDA  
Address: 561 SANDY CREEK ROAD  
City-St-Zip: SAMSON, AL 36477

Title: T ( ) Delete  
Name: HELMS, LAURA  
Address: 1064 HELMS ROAD  
City-St-Zip: BONIFAY, FL 32425

Title: SM ( ) Delete  
Name: HAND, DINDA  
Address: 561 SANDY CREEK ROAD  
City-St-Zip: SAMSON, AL 36477

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DINDA HAND

ST

10/05/2006

Electronic Signature of Signing Officer or Director

Date