

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90178 041 ****61.25

DOCUMENT # N02000006241

1. Entity Name
MINIATURE HORSE CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business
20825 SW GREEN RIDGE LN.
PALM CITY, FL 34990

Mailing Address
PO BOX 2183
STUART, FL 34995-2183

24072010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
16-1622927

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPES, NANCY
4451 148TH TERRACE NORTH
LOXAHATCHEE, FL 33470

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

Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME LOPES, TONY
STREET ADDRESS 4451 148TH TERRACE NORTH
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE ☐ Change ☒ Addition
NAME Nancy Lopez
STREET ADDRESS 4451 148th Terrace North
CITY-ST-ZIP Loxahatchee FL 33470

TITLE S ☒ Delete
NAME LOPES, NANCY
STREET ADDRESS 4451 148TH TERRACE NORTH
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE ☐ Change ☒ Addition
NAME Patricia Coffey
STREET ADDRESS 8587 SW 18th Ave
CITY-ST-ZIP Stuart FL 34997

TITLE T ☒ Delete
NAME KEEBLER, TERRY
STREET ADDRESS 2083 WASHINGTON ST
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Change ☒ Addition
NAME Charles Schaefer
STREET ADDRESS 10751 S Ocean Drive Lot B2
CITY-ST-ZIP Jensen Beach FL 34957

TITLE D ☐ Delete
NAME MOONEY, DEBBIE
STREET ADDRESS 20825 SW GREEN RIDGE LN.
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☐ Change ☒ Addition
NAME VP Debbie Mooney
STREET ADDRESS 20825 SW Green Ridge LN
CITY-ST-ZIP Palm City FL 34990

TITLE D ☒ Delete
NAME SCHULTZ, DAVID
STREET ADDRESS 1596 EAGLE VIEW ROAD
CITY-ST-ZIP OSTEEN, FL 32764

TITLE ☐ Change ☒ Addition
NAME Barbara Fiermonti
STREET ADDRESS 21410 Tuckahoe RD
CITY-ST-ZIP Alva FL 33920

TITLE VP ☒ Delete
NAME HARPER, ROBBIE
STREET ADDRESS 82 SOUTH WARNER
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE ☐ Change ☒ Addition
NAME John Coffey
STREET ADDRESS 8587 SW 18th Ave
CITY-ST-ZIP Stuart FL 34997

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:

Nancy Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04
Date

561-798-6129
Daytime Phone #