

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90094 007 \*\*\*\*61.25

**DOCUMENT # N02000006241**

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



Principal Place of Business  
**4451 148TH TERRACE NORTH  
LOXAHATCHEE, FL 33470**

Mailing Address  
**PO BOX 2183  
STUART, FL 34995-2183**

**60028520**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102006 Chg-NP CR2E037 (11/05)

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, TONY D  
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 May 1, 2006**

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

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

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

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **COFFEY, PATRICIA**  
CITY-ST-ZIP **8587 SW 18TH AVE  
STUART, FL 34997**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **16320 N.W. 32nd Ave.**  
CITY-ST-ZIP **OKeechobee, FL 34972**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Director**

TITLE ☐ Delete  
NAME **T Shaver**  
STREET ADDRESS **SCHAEFER, CHARLES M.**  
CITY-ST-ZIP **10751 S OCEAN DRIVE LOT B2  
JENSEN BEACH, FL 34957**

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

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **FIERMONTI, BARBARA**  
CITY-ST-ZIP **21410 TUCKAHOE RD  
ALVA, FL 33920**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **Vice President**  
CITY-ST-ZIP **Mark Kern**  
**13576 Fox Trail**  
**Loxahatchee, FL 33471**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-12-06**

**561-307-0707**