FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:44

DOCUMENT # N02551 (2)

1. Corporation Name
NORTH FLORIDA ARABIAN HORSE CLUB, INC.

Principal Place of Business	Mailing Address
RTE. 1. BOX 746 LAWTEY FL 32058	RTE. 1. BOX 746 LAWTEY FL 32058

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1984
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2519397 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TOMLINSON, SANDRA S.
RTE. 1, BOX 746
LAWTEY FL 32058

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Sandra S. Tomlinson Sandra S. Tomlinson Treasurer 3-14-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	JT	☒ Change ☐ Addition
NAME	TOMLINSON, SANDRA S.	1.2 NAME	Tomlinson, SANDRA S.	
STREET ADDRESS	RT 1 BOX 746	1.3 STREET ADDRESS	Rt. 1, Box 746	
CITY-ST-ZIP	LAWTEY FL	1.4 CITY-ST-ZIP	Lawtey, FL 32058	
TITLE	DP	2.1 TITLE	Chuck Tyrell D	☐ Change ☒ Addition
NAME	DUNCAN, GARY	2.2 NAME	6148 Catoma St.	
STREET ADDRESS	RT 2 BOX 2077-15	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 29	2.4 CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	D	3.1 TITLE	Pete Cortez D	☐ Change ☒ Addition
NAME	HARVEY, MARY	3.2 NAME	Rt. 24, Box 936	
STREET ADDRESS	RT 1 BOX 50 H	3.3 STREET ADDRESS		
CITY-ST-ZIP	HILLIARD FL	3.4 CITY-ST-ZIP	Baldwin, FL 32234	
TITLE	DT	4.1 TITLE	Jeff Ward D	☐ Change ☒ Addition
NAME	CONNELL, JOANNE	4.2 NAME		
STREET ADDRESS	6616 NIGHTINGALE RD	4.3 STREET ADDRESS	9712 Baytree Towne Cir	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	DVP	5.1 TITLE	Sandy Smack D	☐ Change ☒ Addition
NAME	ALLEN, MARSHA	5.2 NAME		
STREET ADDRESS	RT 1 BOX 312L	5.3 STREET ADDRESS	Rt. 2, Box 335K	
CITY-ST-ZIP	HILLARD FL 01	5.4 CITY-ST-ZIP	Hilliard, FL 32046	
TITLE		6.1 TITLE	Margaret Fleming DS	☐ Change ☒ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	2450 118th St.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville, FL 32244	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra S. Tomlinson Sandra S. Tomlinson 3-14-95 (904) 782-3639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023000