

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mogham Secretary of State DIVISION OF CORPORATIONS
--	---

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 32058-9777

3. Date Incorporated or Qualified <b>04/16/1984</b>	3a. Date of Last Report <b>02/05/1996</b>
--	--

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

4. FEI Number <b>59-2519397</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	------------------------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
--

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	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	--	------

12. OFFICERS AND DIRECTORS	
TITLE	DT <input type="checkbox"/> DELETE
NAME	<del>TOMLINSON, SANDRA S.</del> Mary E. Harvey
STREET ADDRESS	<del>RT 1 BOX 746</del> RR 3 Box 4824
CITY-ST-ZIP	<del>LAWTEY FL</del> FT. White, FL 32038
TITLE	DP <input type="checkbox"/> DELETE
NAME	DUNCAN, GARY
STREET ADDRESS	RT 2 BOX 2077-15
CITY-ST-ZIP	BALATKA FL 29
TITLE	D <input type="checkbox"/> DELETE
NAME	CORTEZ, PETE (NY)
STREET ADDRESS	RT 24 BOX 936
CITY-ST-ZIP	BALDWIN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ALLEN, MARSHA
STREET ADDRESS	RT 1 BOX 3121
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	JOHNSON, LINDA
STREET ADDRESS	8422 HERLONG RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	FLEMING, MARGARET
STREET ADDRESS	2450 118 ST
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mary E. Harvey
1.3 STREET ADDRESS	RR 3 Box 4824
1.4 CITY-ST-ZIP	FT. White, FL 32038 (NY)
2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	President
2.3 STREET ADDRESS	Marsha Allen
2.4 CITY-ST-ZIP	RT 1 Box 312-L 32046
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Debbie Duncan
4.3 STREET ADDRESS	RT 2 Box 2077-15 (NY)
4.4 CITY-ST-ZIP	Balatka FL 32177
5.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Vice-President
5.3 STREET ADDRESS	Jeff Ward
5.4 CITY-ST-ZIP	PO Box 541 32007
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	--	------

CR2E037 (9/96)