

FILE NOW: FILING FEE IS \$61.25

FILED
May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moffitt Secretary of State DIVISION OF CORPORATIONS
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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



3. Date Incorporated or Qualified

04/16/1984

4. FEI Number

59-2519397

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **Mary E Harvey**

82 Street Address (P.O. Box Number is Not Acceptable)

RR 3 Box 4824

83

84 City **Font White**

FL

85 Zip Code **32058**

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

Sandra S. Tomlinson
 Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

May 5th, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT** ☐ DELETE
 NAME **HARVEY, MARY E.**
 STREET ADDRESS **RR 3 BOX 4824 N/A**
 CITY-ST-ZIP **FT WHITE FL**

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE
 NAME **ALLEN, MARSHA**
 STREET ADDRESS **RT 1 BOX 312-L N/A**
 CITY-ST-ZIP **HILLIARD FL**

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
 NAME **CORTEZ, PETE**
 STREET ADDRESS **RT 24 BOX 936 N/A**
 CITY-ST-ZIP **BALDWIN FL**

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
 NAME **DUNCAN, DEBBIE**
 STREET ADDRESS **RT 2 BOX 2077-15 N/A**
 CITY-ST-ZIP **POLATKA FL**

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **DVP** ☐ DELETE
 NAME **WARD, JEFF**
 STREET ADDRESS **PO BOX 54 N/A**
 CITY-ST-ZIP **BOSTWICK FL**

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
 NAME **FLEMING, MARGARET**
 STREET ADDRESS **2450 118 ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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:

Mary E. Harvey

APRIL 20 1998 704 447 2019

CR2E037 (10/97)