

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90005 023 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02551**

1. Corporation Name

**NORTH FLORIDA ARABIAN HORSE CLUB, INC.**

Principal Place of Business

RTE. 1. BOX 746  
LAWTEY FL 32058

Mailing Address

RTE. 1. BOX 746  
LAWTEY FL 32058

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 108 Tillets Ln.		26 108 Tillets Ln.		04/16/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2519397	
City & State		City & State		Applied For	
23 Palatka, FL		28 Palatka, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32177-7202		29 32177-7202		30	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

HARVEY, MARY E.  
 RR3 BOX 4824  
 FT WHITE FL 32038

81 Name  
 Debbie Duncan  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 108 Tillets Ln.  
 83  
 84 City  
 Palatka FL 85 Zip Code  
 32177

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 Debbie Duncan Debbie Duncan, President 7-28-99  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARVEY, MARY E.		1.2 NAME	Debbie Duncan			
STREET ADDRESS	RR 3 BOX 4824 N/A		1.3 STREET ADDRESS	108 Tillets Ln.			
CITY-ST-ZIP	FT WHITE FL		1.4 CITY-ST-ZIP	Palatka, FL 32177			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALLEN, MARSHA		2.2 NAME	Rosa Peters			
STREET ADDRESS	RT 1 BOX 312-L N/A		2.3 STREET ADDRESS	16332 Franderson Ln.			
CITY-ST-ZIP	HILLIARD FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32226-1548	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CORTEZ, PETE		3.2 NAME	Marsha Allen			
STREET ADDRESS	RT 24 BOX 936 N/A		3.3 STREET ADDRESS	Rt. 1 Box 2811			
CITY-ST-ZIP	BALDWIN FL		3.4 CITY-ST-ZIP	Hilliard, FL 32046			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DUNCAN, DEBBIE		4.2 NAME	Terri Moody			
STREET ADDRESS	RT 2 BOX 2077-15 N/A		4.3 STREET ADDRESS	3719 Old Jefferson Hwy.			
CITY-ST-ZIP	PALATKA FL		4.4 CITY-ST-ZIP	Woodbine, GA 31569			
TITLE	DVP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WARD, JEFF		5.2 NAME	Mary Harvey			
STREET ADDRESS	PO BOX 54 N/A		5.3 STREET ADDRESS	Rt. 3 Box 4824			
CITY-ST-ZIP	BOSTWICK FL		5.4 CITY-ST-ZIP	Ft. White, FL 32038-9771			
TITLE	DS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FLEMING, MARGARET		6.2 NAME	Linda Johnson			
STREET ADDRESS	2450 118 ST		6.3 STREET ADDRESS	8422 Herlong Rd.			
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	Jacksonville, FL 32210			

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, with all other like empowered.

SIGNATURE: Terri Moody SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-99 912-729-4001  
 Date Daytime Phone #

CR2E037 (11/98)