FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N09901

1. Corporation Name
AHOOF, SUNSHINE STATE HORSE COUNCIL

Principal Place of Business / Mailing Address
P.O. BOX 8218
MADEIRA BEACH, FL. 33708

3. Date Incorporated or Qualified: 1986
3a. Date of Last Report: 1995

4. FEI Number: 59-2354978 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 / Country — 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
JEANNE CORNELE
20151 WELBORN RD.
N. FT. MYERS, FL. 33917

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 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 _____ (Signature of typed or printed name of registered agent at time of application) (NOTE: Registered Agent signature required after resignation) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	JEANNE CORNELE	
STREET ADDRESS	20151 WELBORN RD.	
CITY, ST, ZIP	N. FT. MYERS, FL. 33917	
TITLE	TREASURER	☐ DELETE
NAME	ELISE M. LACHER	
STREET ADDRESS	5666 SEMINOLE BLVD	
CITY, ST, ZIP	SEMINOLE, FL. 34642	
TITLE	SECRETARY	☐ DELETE
NAME	MARSHA SCHLOESSER	
STREET ADDRESS	218 S. HIGH ST.	
CITY, ST, ZIP	DELAND, FL. 32720	
TITLE	V. PRES	☐ DELETE
NAME	GRT WARE	
STREET ADDRESS		
CITY, ST, ZIP	LAKE HELEN, FL. 32744	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE	400001847474	☐ Change ☐ Addition
5.2 NAME	-06/03/96--01027--011	
5.3 STREET ADDRESS	***200.00	
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

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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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elise M. Lacher TR. ELISE M. LACHER — Date: 4/30/96 — Daytime Phone #: 813-397-6614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ad 1/96