

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

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

DOCUMENT # **N09901** (2)
1. Corporation Name
A.H.O.O.F., THE SUNSHINE STATE HORSE COUNCIL, INC.

Principal Place of Business POST OFFICE BOX 8218 MADEIRA BEACH FL 33738-8218	Mailing Address POST OFFICE BOX 8218 MADEIRA BEACH FL 33738-8218
--	--

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

3. Date Incorporated or Qualified 06/21/1985	4. FEI Number 59-2354978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CORNELE, JEANNE
20151 WELBORN RD.
NORTH FT. MYERS FL 33917**

10. Name and Address of New Registered Agent

Name
2. Street Address (P.O. Box Number is Not Acceptable)
3. City
FL 85 Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CORNELE, JEANNE 20151 WELBORN RD N. FT. MYERS FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		1. STREET ADDRESS	
CITY - ST - ZIP		1. CITY - ST - ZIP	
TITLE	TD LACHER, ELISE 5666 SEMINOLE BLVD SEMINOLE FL 34082-33722	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY - ST - ZIP		2. CITY - ST - ZIP	
TITLE	SD SCHLOESSER, MARSHA 218 S HIGH ST DELAND FL	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY - ST - ZIP		3. CITY - ST - ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY - ST - ZIP		5. CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY - ST - ZIP		6. 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: Elise M. Lacher, Jr. 1-26-98 1-813-397-6614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Phone #

CP2E037 (10/97)