

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90042 013 ****61.25

DOCUMENT # N09901

1. Entity 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

54027735



MOORE CR2E037 (11/03)

2. Principal Place of Business

116 Hickory Creek Drive

Suite, Apt. #, etc.

3. Mailing Address

116 Hickory Creek Drive

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Brandon FL

4. FEI Number

59-2354978

Applied For

Not Applicable

Zip

33511

Country

Hills.

Zip

33511

Country

Hills.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Vicki Lawry

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

116 Hickory Creek Drive

City BRANDON

FL

Zip Code 33511

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Vicki Lawry - President Vicki Lawry

March 26, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE TD
NAME LACHER, ELISE ☒ Delete
STREET ADDRESS 5666 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE FL 33772

TITLE SD
NAME HINCHLIFF, KATHY ☒ Delete
STREET ADDRESS 1611 FATIO ROAD
CITY-ST-ZIP DELAND FL 32720

TITLE PD
NAME LAWRY, VICKI ☐ Delete
STREET ADDRESS 116 HICKORY CREEK DRIVE
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SEC.
NAME Barbara McCabe-Kinard ☐ Change ☒ Addition
STREET ADDRESS 28530 SE 174 Place
CITY-ST-ZIP Umatilla FL 32784

TITLE TREA.
NAME Rosemary Meredith ☐ Change ☒ Addition
STREET ADDRESS 7505 Loghouse Road
CITY-ST-ZIP Plant City FL 33565

TITLE Bd
NAME Glenna Ware ☐ Change ☒ Addition
STREET ADDRESS PO Box 1237
CITY-ST-ZIP Altoona FL 32702

TITLE V.P.
NAME Jeanne Cornele ☐ Change ☒ Addition
STREET ADDRESS 20151 Welborn Drive
CITY-ST-ZIP North Ft. Myers FL 33917

TITLE Bd
NAME James Watkins ☐ Change ☒ Addition
STREET ADDRESS PO Box 1944
CITY-ST-ZIP Lakeland FL 33802

TITLE Bd
NAME Lorilee Jani ☐ Change ☒ Addition
STREET ADDRESS 27421 Holiday Drive
CITY-ST-ZIP Dade City FL 33525

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vicki Lawry Vicki Lawry March 26, 2004 8136515953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #