FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:00

DOCUMENT # N10371 (5)

1. Corporation Name
LEE COUNTY HORSEMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 314 FT. MYERS FL 33902	P.O. BOX 314 FT. MYERS FL 33902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2559362 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CURRY, GAIL
17261 EAGLE VIEW LN
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent

81 Name: Pam Bierce
82 Street Address (P.O. Box Number is Not Acceptable)
83: 9172 Pineapple Rd.
84 City: Fort Myers FL 85 Zip Code: 33912

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: Pam Bierce Pam Bierce 4-27-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	BERTI, REYNOLD	12 NAME	RENNI BERTI	
STREET ADDRESS	7400 SAMVILLE RD	13 STREET ADDRESS	7400 SAMVILLE RD	
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	FT. MYERS FL 33917	
TITLE	VPD	21 TITLE	VICE-PRESIDENT / D	☐ Change ☐ Addition
NAME	JOHNS, GAIL	22 NAME	KEM PROPP	
STREET ADDRESS	4873 STATE CIR	23 STREET ADDRESS	2450 TAMIAMI TR. UNIT B	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	SD	31 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	CARLSON, JO	32 NAME	SUE CLARK	
STREET ADDRESS	1339 MORINGSIDE DR.	33 STREET ADDRESS	12300 FLINTLOCK LANE	
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	TD	41 TITLE	TREASURER	☐ Change ☐ Addition
NAME	CURRY, GAIL	42 NAME	PAM BIERCE	
STREET ADDRESS	17261 EAGLE VIEW LN	43 STREET ADDRESS	9172 PINEAPPLE RD.	
CITY-ST-ZIP	CAPE CORAL FL	44 CITY-ST-ZIP	FORT MYERS FL. 33912	
TITLE		51 TITLE	CYNDI GROSSENBACH / D	☐ Change ☐ Addition
NAME		52 NAME	7305 SEAN LANE	
STREET ADDRESS		53 STREET ADDRESS	N. FT MYERS, FL 33917	
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	CHRIS HART / D	☐ Change ☐ Addition
NAME		62 NAME	13350 APPALOOSA LANE	
STREET ADDRESS		63 STREET ADDRESS	FORT MYERS, FL 33912 BY MAY 1	
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Pam Bierce Pam Bierce Treasurer 4-27-95 992-6994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0069033