

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N10371** (5)

1. Corporation Name

LEE COUNTY HORSEMEN'S ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 314
FT. MYERS FL 33902

Mailing Address

P.O. BOX 314
FT. MYERS FL 33902

3. Date incorporated or Qualified
07/23/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2559362

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIERCE, PAM
9172 PINEAPPLE RD
FORT MYERS FL 33912**

81 Name

Kim K. Propp

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

2450 Tamiami Tr. Unit B

83

84

City **Pt. Charlotte**

FL

85

Zip Code
33952

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

Kim K. Propp

(NOTE: Registered Agent signature required when reinstating)

2-8-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BERTI, RENNI	
STREET ADDRESS	7400 SAMVILLE RD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PROPP, KMIM	
STREET ADDRESS	2450 TAMIAHI TR. UNIT B	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLARK, SUE	
STREET ADDRESS	12300 FLINTLOCK LANE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BIERCE, PAM	
STREET ADDRESS	9172 PINEAPPLE RD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSSENBAUGH, CINDI	
STREET ADDRESS	7305 SEAN LANE	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HART, CHRIS	
STREET ADDRESS	13350 APPALOOSA LANE	
CITY-ST-ZIP	FORT MYERS FL	

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PROPP, KIM	
13 STREET ADDRESS	2450 Tamiami Tr. Unit B	
14 CITY-ST-ZIP	Pt. Charlotte, FL 33952	
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	GAIL JOHNS	
23 STREET ADDRESS	4673 SKATES CR.	
24 CITY-ST-ZIP	FT. MYERS, FL 33905	
31 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	RACHEL POLAKOFF	
33 STREET ADDRESS	17451 WELLS RD	
34 CITY-ST-ZIP	N. FT. MYERS, FL 33917	
41 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	CYNDI GROSSENBAUGH	
43 STREET ADDRESS	7305 SEAN LANE	
44 CITY-ST-ZIP	N. FT. MYERS, FL 33917	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	ANNE PETERS	
53 STREET ADDRESS	18210 Sandy Pine Cr.	
54 CITY-ST-ZIP	N. Ft. Myers, FL 33917	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	SUE HARRISON	
63 STREET ADDRESS	10731 SHARON DR	
64 CITY-ST-ZIP	N. FT. MYERS, FL 33917	

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

SIGNATURE:

Kim K. Propp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim K. Propp

2-8-96 (941) 624-2535

Date

Daytime Phone #

CR2E037 (12/95)