

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N11773

1. Entity Name  
ORLANDO ARABIAN HORSE CLUB, INC.



W08-8499

FILED

08 FEB 26 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
PO BOX 666  
WINDERMERE, FL 34786

Mailing Address  
PO BOX 666  
WINDERMERE, FL 34786



2. Principal Place of Business - No P.O. Box #

18839 GROVES DR.

3. Mailing Address

18839 GROVES DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

011420083 REINSTATEMENT 07-08

City & State

GROVELAND FL.

City & State

GROVELAND FL

4. FEI Number

59-2357432

Applied For

Not Applicable

Zip

34736

Country

USA

Zip

34736

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRIZEK, DIANA W  
18839 GROVES DR  
GROVELAND, FL 34736

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Diana W. Krizek*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/08

FILE NOW!!! FEE IS \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILES, RHONDA 10424 FLAT LAKE RD CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRIZEK, DIANA 18839 GROVES DR GROVELAND, FL 34736	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAPTISTE, SOLITA 2921 ASHTON TRAIL OVIEDO, FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TENNYSON, ADEL 2751 RED BUG LAKE RD CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, KAREN 1220 POINSETTIA AVE ORLANDO, FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP BARB DUNGAN 1120 CASTLEWOOD TERR APT 106 CASSELBERRY FL. 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700118134937 02/15/08--01023--012 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700118134937 02/15/08--01023--013 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELEGATE-BO OF DIRECTOR TENNYSON, ADEL 2751 RED BUG LAKE RD. CASSELBERRY FL. 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

*Diana W. Krizek*