FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORFORATIONS

1996

NATUR # NI 1001

(5)

1. Corporation Name FLORIDA MINIATURE HORSE CLUB, INC.					
Principal Place of Business Mailing Address					
624 APPALOS		624 APPALOOSA RAD TARPON SPRINGS FL 34689 US			
•					3. Date Incorporated or Qualified
Principa! Place of Business 21		2a. Mailing Address 26			4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 City & State			5. Certificate of Status Desired Fee Required
City & State		28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zір 24	Country 25	Zip 29	30 Count	try	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Mo
	9. Name and Address of Curren	t Registered Agent		11 Name	10. Name and Address of New Registered Agent
A) REST	KAREN D				D. A. Markey Markey Markey
624 APPALOOSA RD				ddress (P.Ö. Box Number is Not Acceptable)	
	I SPRINGS FL 34689				85 Zip Code
· · · · · · · · · · · · · · · · · · ·				City	FL
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 617,0500 florida Statutes. SIGNATURE					
	Signature, Aped or printed name of registered agent		(NOTE: Registered A	gent signature re	pured when reinstating. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS ANI	D DIRECTORS DELETE	1,1 Titl	E	President D'Change Addition
NAME	MILBURN, WILLIAM		1.2 NAM		madeline C Barnett
STREET ADDRESS	4540 W WOOD EDWIN ST		1.3 STR	EET ADDRESS	14406 middlefield Lane
CITY - ST - ZIP	DUNNELLON FL	DELETE		'-S1-ZIP	VPRES Dehange Addition
TITLE	VPD Barneit, madeline C	₽ DELE IE	2.1 TITL 2.2 NAN		TUDY EVERIDGE / A
NAME STREET ADDRESS	14406 MIDDLEFIELD LN			EET ADDRESS	10339 Herry 674 N/H
CITY - ST - ZIP	ODESSA FL			Y - ST - ZIP	Lithia Fl 33547
TITLE	DT	DELETE	3 1 TITL		
NAME	ALBERT, KAREN D		3 2 NAM		KAREN D. Albert 624 APPALOOSA RD. [SAME]
STREET ADDRESS	624 APPALOOISA ROAD TARPON SPRINGS FL			EET ADORESS Y-ST-ZIP	TARPON SPRINGS, FL 34689
CITY-ST-ZIP TITLE	SD	DELETE	4.1 TITL		1 Affords Addition
NAME	HENRY, DONNA C		4. 2 NA	VIE	Beverly Peterson 15,821 Racetrack Rd
STREET ADDRESS	1054 RANCH RD		4.3 STR	EET ADDRESS	15821 Kacetrack Ica.
CITY-S1-7IP	TARPON SPRINGS FL	f The exe		r-ST-ZIP	odessa, FL 33556
TITLE		☐ D€LETE	5.1 TITU 5.2 NAA		0000017466วิกั
NAME STREET ADDRESS				EET ADDRESS	-03/18/9601041005
CITY-ST-ZIP				r-ST-ZIP	***61.25
TITLE		DELETE	6 1 TITL	E	☐ Change ☐ Addition
NAME			6.2 NAA		
STHEET ADDRESS				EET ADDRESS	. 9
14. I do hereb	py certify that the information supplied	with this filing is voluntarily f	urnished and d	r-st-zip oes not qual	ify 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 madd 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 prime appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/22/96 813-934-7407					