

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

DOCUMENT # **N18037** (4)

1. Corporation Name

FLORIDA AMERICAN SADDLE HORSE ASSOCIATION, INC.

Principal Place of Business

**8488 SHARON ST.
P.O. BOX 1290
HOPE SOUND FL 33475**

Mailing Address

**8488 SHARON ST.
P.O. BOX 1290
HOPE SOUND FL 33475**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1986

3a. Date of Last Report

04/08/1994

4. FEI Number

NOT APPLICABLE

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 § 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

25 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUEEN, LOIS L.
8488 SHARON STREET
HOPE SOUND FL 33475**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature: Typed or printed name of registered agent and officer (if applicable)

NOTE: Registered Agent signature required when registering

(AT)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

BAUGHMAN, ELISSA G.

STREET ADDRESS

4283 WOOD RIDE E

CITY, ST, ZIP

LANTANA FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

D

NAME

PUSHKAR, JAN BURGE

STREET ADDRESS

7320 NORMANDY STREET

CITY, ST, ZIP

MIRAMAR FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

DST

NAME

QUEEN, LOIS L.

STREET ADDRESS

8488 SHARON STREET

CITY, ST, ZIP

HOPE SOUND FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

D

NAME

PUSHKAR, JOE

STREET ADDRESS

7320 NORMANDY ST.

CITY, ST, ZIP

MIRAMAR FL

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

MIRABOLE, ANDREW

STREET ADDRESS

3008 N. LINCOLN AVE.

CITY, ST, ZIP

TAMPA, AVE.

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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:

Lois L. Queen

LOIS L. QUEEN

4/1/95

407-546-8625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)