

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

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # N18037 (4)
1. Corporation Name
FLORIDA AMERICAN SADDLE HORSE ASSOCIATION, INC.



Principal Place of Business Mailing Address
8488 SHARON ST.
P.O. BOX 1293
HOPE SOUND FL 33475
8488 SHARON ST.
P.O. BOX 1293
HOPE SOUND FL 33475

3. Date Incorporated or Qualified 12/03/1986
3a. Date of Last Report 05/01/1995

2. Principal Place of Business
21 8402 SE ROYAL
Suite, Apt. #, etc.
22 P.O. BOX 1293
City & State
23 HOBE SOUND, FL
Zip
24 33475
Country
25 USA
2a. Mailing Address
26 PO BOX 1293
Suite, Apt. #, etc.
27
City & State
28 HOBE SOUND, FL
Zip
29 33475
Country
30 USA

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

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

9. Name and Address of Current Registered Agent

QUEEN, LOIS L.
8488 SHARON STREET
HOBE SOUND FL 33475

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 2220 NE 100 ST. RD.
84 City BRANFORD FL 85 Zip Code 32008

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	BAUGHMAN, ELISSA G.	4283 WOOD RIDE E	LANTANA FL	<input type="checkbox"/>
D	PUSHKAR, JAN BURGE	7320 NORMANDY STREET	MIRAMAR FL	<input type="checkbox"/>
DST	QUEEN, LOIS L.	8488 SHARON STREET	HOBE SOUND FL	<input type="checkbox"/>
D	PUSHKAR, JOE	7320 NORMANDY ST.	MIRAMAR FL	<input type="checkbox"/>
VD	MIRABOLE, ANDREW	3008 N. LINCOLN AVE.	TAMPA, AVE.	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	ELISSA G. BERGER	8402 SE ROYAL	HOBE SOUND, FL 33475	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		5210 SW 172ND AVE.	FT LAUDERDALE, FL 33331-1225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		2220 NE 100 ST. RD	BRANFORD, FL 32008	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		5210 SW 172ND AVE.	FT. LAUDERDALE, FL 33331-1225	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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, changed, or on an attachment with an address.

SIGNATURE:

Lois L. Queen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOIS L. QUEEN 4/23/96 904-935-6523
Date Daytime Phone #

CR2E037 (12/95)