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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18037

1. Corporation Name

FLORIDA AMERICAN SADDLE HORSE ASSOCIATION, INC

Principal Place of Business

6003 Perrine Ranch Rd
New Port Richey, FL
34655

Mailing Address

6003 Perrine Ranch Rd
New Port Richey, FL
34655

2. Principal Place of Business

21 6003 Perrine Ranch Rd.

Suite, Apt. #, etc.

22

City & State

23 New Port Richey, FL

Zip

24 34655

Country

25 USA

2a. Mailing Address

26 6003 Perrine Ranch Rd.

Suite, Apt. #, etc.

27

City & State

28 New Port Richey, FL

Zip

29 34655

Country

30 USA

3. Date Incorporated or Qualified

12/03/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

Arnold, Stacy L.
6003 Perrine Ranch Rd.
New Port Richey, FL 34655

10. Name and Address of New Registered Agent

81 Name	Stacy L Arnold
82 Street Address (P.O. Box Number is Not Acceptable)	6003 Perrine Ranch Road
83	
84 City	New Port Richey
85 State	FL
86 Zip Code	34655

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

Stacy L Arnold

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	Eric G Berger	
STREET ADDRESS	5402 SE Royal	
CITY-STATE-ZIP	Hebe Sound, FL	
TITLE	D	☐ DELETE
NAME	Rishkar, Jan Borge	
STREET ADDRESS	7320 Normandy Street	
CITY-STATE-ZIP	Miramar, FL	
TITLE	DS	☒ DELETE
NAME	Queen, Lois L.	
STREET ADDRESS	5488 Sharon St.	
CITY-STATE-ZIP	Hebe Sound, FL	
TITLE	D	☐ DELETE
NAME	Rishkar, Joe	
STREET ADDRESS	7320 Normandy St	
CITY-STATE-ZIP	Miramar, FL	
TITLE	VP	☒ DELETE
NAME	Mirabelle Andrews	
STREET ADDRESS	3008 N. Lincoln Ave	
CITY-STATE-ZIP	Tampa, FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Stacy Arnold	
1.3 STREET ADDRESS	6003 Perrine Ranch Road	
1.4 CITY-STATE-ZIP	New Port Richey, FL 34655	
2.1 TITLE	Treasurer	☐ Change ☒ Addition
2.2 NAME	Kathryn Reinhardt	
2.3 STREET ADDRESS	5149 Cogswell Circle	
2.4 CITY-STATE-ZIP	New Port Richey, FL 34653	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Stacy L Arnold

4/8/97

813/937-6298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)