SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21530 (3)

1. Corporation Name

WALSINGHAM HORSEMAN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O TIM WELDON 12994 - 88TH AVE., N. SEMINOLE FL 34646-2709 US	C/O TIM WELDON 12994 - 88TH AVE., N. SEMINOLE FL 34646-2709 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1987
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business	2a. Mailing Address
21: C/O EILEEN MECKES	26: C/O EILEEN MECKES
22 Suite, Apt. #, etc.: 9897 132ND STREET N.	27 Suite, Apt. #, etc.: 9897 132ND STREET NO
23 City & State: SEMINOLE FL	28 City & State: SEMINOLE, FL
24 Zip: 33776 25 Country: USA	29 Zip: 33776 30 Country: USA

4. FEI Number: 59-2813711 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WELDON, TIM
12994 - 88TH AVE., N.
SEMINOLE FL 34646

10. Name and Address of New Registered Agent

81 Name: EILEEN M. MECKES
82 Street Address (P.O. Box Number is Not Acceptable): 9897 132ND STREET NORTH
83
84 City: SEMINOLE FL 85 Zip Code: 33776

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: Tim Weldon -OLD Eileen M Meckes -NEW DATE: 8/7/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D. Loffie Carbin	☒ Change ☐ Addition
NAME	URGUHART, MARY		1.2 NAME		
STREET ADDRESS	12367 82ND AVENUE N.		1.3 STREET ADDRESS	11499 VONN RD	
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	LARGO, FL 33774	
TITLE	TD	☐ DELETE	2.1 TITLE	TD. EILEEN MECKES	☒ Change ☐ Addition
NAME	WELDON, TIM		2.2 NAME		
STREET ADDRESS	12994 88TH AVE., NORTH		2.3 STREET ADDRESS	9897 132ND STREET NORTH	
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LYDON, JAN		3.2 NAME		
STREET ADDRESS	7650 128TH STREET NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	FLIPPIN, BARBARA		4.2 NAME	Sandy Wait	
STREET ADDRESS	9790 90TH AV NO		4.3 STREET ADDRESS	12617 83rd AVE. N.	
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP	SEMINOLE FL 33776-3220	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, PAT		5.2 NAME		
STREET ADDRESS	14298 SHARON DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SALAS, ALLISON K.		6.2 NAME		
STREET ADDRESS	13298 82ND AVE NO		6.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		6.4 CITY-ST-ZIP		

CR2E037 (4/97)

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 REQUIRED 8-4-97 813-393-2775