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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:45

DOCUMENT # N24663 (9)

1. Corporation Name
FLORIDA AMATEUR QUARTER HORSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CATHERINE DOWNS 6346 BONNIE BAY CIR., N. PINELLAS PARK FL 34665 US	C/O CATHERINE DOWNS 6346 BONNIE BAY CIR., N. PINELLAS PARK FL 34665 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1988
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0030025 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 3460 Forelock Dr.	26 3460 Forelock Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tarpon Springs FL	City & State 28 Tarpon Springs
Zip 24 34689 Country 25 USA	Zip 29 34689 Country 30 USA

9. Name and Address of Current Registered Agent

ROBBINS, LEE
9001 - 82ND AVE., W.
SEMINOLE FL 34647

10. Name and Address of New Registered Agent

81 Name: Belinda S. Smith
82 Street Address (P.O. Box Number is Not Acceptable): 3460 Forelock Dr.
83
84 City: Tarpon Springs FL 85 Zip Code: 34689

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: Belinda S. Smith — 1/31/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	Arnold, Eileen ☒ Change ☐ Addition
NAME	COLEMAN, LARRY	12 NAME		
STREET ADDRESS	2909 HOWARD AVENUE	13 STREET ADDRESS		2170 Arnold Lane
CITY-ST-ZIP	OVIEDO FL	14 CITY-ST-ZIP		Malabar, FL 32950
TITLE	P	21 TITLE	P	Celmar, Cynthia ☒ Change ☐ Addition
NAME	ROBBINS, LEE	22 NAME		
STREET ADDRESS	9001 - 82ND AVE., N.	23 STREET ADDRESS		3505 W. Atlantic Blvd. #201
CITY-ST-ZIP	SEMINOLE FL	24 CITY-ST-ZIP		Pompano Beach, FL 33060
TITLE	ST	31 TITLE	ST	Smith, Belinda S. ☒ Change ☐ Addition
NAME	DOWNS, CATHERINE A	32 NAME		
STREET ADDRESS	6346 BONNIE BAY CIR., N.	33 STREET ADDRESS		3460 Forelock Dr.
CITY-ST-ZIP	PINELLAS PARK FL	34 CITY-ST-ZIP		Tarpon Springs, FL 34689
TITLE	D	41 TITLE	D	Friis, Pauline ☒ Change ☐ Addition
NAME	BROWN, ALICE	42 NAME		
STREET ADDRESS	4507 W. SAM ALLEN RD.	43 STREET ADDRESS		3333 NW 191st St.
CITY-ST-ZIP	PLANT CITY FL	44 CITY-ST-ZIP		Opalocka FL 33056
TITLE	V	51 TITLE	V	Marsh, Lisa ☒ Change ☐ Addition
NAME	GEAR, TAMARA	52 NAME		
STREET ADDRESS	7137 123 STREET N.	53 STREET ADDRESS		11405 Knights Griffin Rd. Apt 9
CITY-ST-ZIP	SEMINOLE FL	54 CITY-ST-ZIP		Thonotosassa, FL 33592
TITLE	D	61 TITLE	D	Lloyd, Maria ☒ Change ☐ Addition
NAME	HEBERT, LISA	62 NAME		
STREET ADDRESS	1911 SHEFFIELD CT.	63 STREET ADDRESS		1829 N.W. 109th Ave.
CITY-ST-ZIP	OLDSMAR FL	64 CITY-ST-ZIP		Plantation FL 33322

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)(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: Belinda S. Smith — 1/31/95 (813)-932-1073
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Telephone Number

0007710