

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

DOCUMENT # N24663 (9)
1. Corporation Name
FLORIDA AMATEUR QUARTER HORSE ASSOCIATION, INC.



Principal Place of Business
**3460 FORELOCK DRIVE
TARPON SPRINGS FL 34689
US**

Mailing Address
**3460 FORELOCK DRIVE
TARPON SPRINGS FL 34689
US**

3. Date Incorporated or Qualified
02/04/1988

3a. Date of Last Report
02/21/1995

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**

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**SMITH, BELINDA S.
3460 FORELOCK DR.
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 *Belinda S. Smith* 1-15-96
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	D	DELETE
NAME	ARNOLD, EILEEN	
STREET ADDRESS	2170 ARNOLD LANE	
CITY-ST-ZIP	MALABAR FL	
TITLE	P	DELETE
NAME	CELMAR, CYNTHIA	
STREET ADDRESS	3505 W. ATLANTIC BLVD #209	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	ST	DELETE
NAME	SMITH, BELINDA S.	
STREET ADDRESS	3460 FORELOCK DR	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	DELETE
NAME	FRITTS, PAULINE	
STREET ADDRESS	3333 NW 191 STREET	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	VD	DELETE
NAME	MARSH, LISA	
STREET ADDRESS	11405 KNIGHTS GRIFFIN ROAD #9	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	D	DELETE
NAME	LLOYD, MARIA	
STREET ADDRESS	1829 NW 109TH AVE	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME	Avera, Marsha	
4.3 STREET ADDRESS	700 Roma Way	
4.4 CITY-ST-ZIP	Kissimmee, FL 34746	
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE: *Belinda S. Smith* 1-15-96 813-937-1073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)