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FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34689-8042
US3. Date Incorporated or Qualified
02/04/19883a. Date of Last Report
01/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

4. FEI Number

65-0030025

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

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Treasurer

1-22-97

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	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, EILEEN	
STREET ADDRESS	2170 ARNOLD LANE	
CITY-ST-ZIP	MALABAR FL	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CELMAR, CYNTHIA	
STREET ADDRESS	3505 W. ATLANTIC BLVD #209	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	SMITH, BELINDA S.	
STREET ADDRESS	3460 FORELOCK DR	
CITY-ST-ZIP	TARPON SPRINGS FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AUERA, MARSHA	
STREET ADDRESS	700 ROMA WAY	
CITY-ST-ZIP	KISSIMMEE FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARSH, LISA	
STREET ADDRESS	11405 KNIGHTS GRIFFIN ROAD #9	
CITY-ST-ZIP	THONOTOSASSA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LLOYD, MARIA	
STREET ADDRESS	1829 NW 109TH AVE	
CITY-ST-ZIP	PLANTATION FL	

1.1 TITLE Pres.	Judy Baum	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	8690 Rue Chateaux Dr.	
1.3 STREET ADDRESS	Seminole, FL 33777	
1.4 CITY-ST-ZIP		

2.1 TITLE D	McKeon, Betty-Jo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	3229 Pink Oak Terrace	
2.3 STREET ADDRESS	Sarasota, FL 34237	
2.4 CITY-ST-ZIP		

3.1 TITLE Treas.	Smith, Belinda	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3460 Forelock Dr.	
3.3 STREET ADDRESS	Tarpon Springs FL	
3.4 CITY-ST-ZIP	34689	

4.1 TITLE Secy	Kent, Margo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	4328 59th Ave. N.	
4.3 STREET ADDRESS	St Petersburg, FL	
4.4 CITY-ST-ZIP	33714	

5.1 TITLE VP	Marsh, Lisa	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	16 Sleepy Hollow Cove	
5.3 STREET ADDRESS	Longwood, FL	
5.4 CITY-ST-ZIP	32750	

6.1 TITLE D	Orr, Tule	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	669 NW 111th Lane	
6.3 STREET ADDRESS	Oxford, FL	
6.4 CITY-ST-ZIP	34484	

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:

Belinda S. Smith

Belinda S. Smith

1-22-97(813) 937-1073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0089067

CR2E037 (9/96)