


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24663 (9)
1. Corporation Name
FLORIDA AMATEUR QUARTER HORSE ASSOCIATION, INC.

Principal Place of Business 3480 FORELOCK DRIVE TARPON SPRINGS FL 34689 US	Mailing Address 3480 FORELOCK DRIVE TARPON SPRINGS FL 34689 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 02/04/1988
4. FEI Number 65-0030025
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SMITH, BELINDA S. 3480 FORELOCK DR. TARPON SPRINGS FL 34689	10. Name and Address of New Registered Agent 81 Name MARGO KENT 82 Street Address (P.O. Box Number is Not Acceptable) 4328 59th AVE N. 83 City ST. PETERSBURG FL 85 Zip Code 33714
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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 Margo Kent Secretary/Treasurer 4/22/98
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 NAME STREET ADDRESS CITY-ST-ZIP	P BAUM, JUDY 8890 RUE CHATEAUZ DR. SEMINOLE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P SUSAN HEDGE COCK 206 40th St. Ct. E. BRADENTON, FL 34208 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKEON, BETTY-JO 3229 PINK OAK TERRACE SARASOTA FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D MCKEON, BETTY-JO 3229 PINK OAK TERRACE SARASOTA, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, BELINDA S. 3480 FORELOCK DR TARPON SPRINGS FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP SMITH, BELINDA S. 3480 FORELOCK DR TARPON SPRINGS, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARGO, KENT 4328 59TH AVE. N. ST. PETERSBURG FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S/T MARGO KENT 4328 59th AVE N. ST. PETERSBURG FL 33714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSH, LISA 16 SLEEPY HOLLOW COVE LONGWOOD FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D JUDY BAUM 8890 RUE CHATEAUZ DR SEMINOLE, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORR, TUIE 689 N.W. 11TH LANE OXFORD FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D RANDY HEDGE COCK 206 40th St. Ct. E. BRADENTON, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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: Margo Kent

CR2E037 (1097)