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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N24663

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

3. Date Incorporated or Qualified

02/04/1988

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

9. Name and Address of Current Registered Agent

KENT, MARGO
 4328 59 AVE N
 ST PETERSBURG FL 33714

10. Name and Address of New Registered Agent

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

Margo M. Kent

3/2/99

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 **P** ☐ DELETE

NAME **HEDGEcock**
 STREET ADDRESS **206 40TH ST CT E**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **D** ☐ DELETE

NAME **McKEON, BETTY J**
 STREET ADDRESS **3229 PINK OAK TERRACE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **VP** ☐ DELETE

NAME **SMITH, BELINDA S.**
 STREET ADDRESS **3460 FORELOCK DR**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **ST** ☐ DELETE

NAME **MARGO, KENT**
 STREET ADDRESS **4328 59TH AVE. N.**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **BAUM, JUDY**
 STREET ADDRESS **8690 RUE CHATEAUX DR**
 CITY-ST-ZIP **SEMINOLE FL**

TITLE **D** ☐ DELETE

NAME **HEDGEcock, RANDY**
 STREET ADDRESS **206 40TH CT E**
 CITY-ST-ZIP **BRADENTON FL 34208**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **Hedgecock, Susan**
 1.3 STREET ADDRESS **206 40th St. Ct E**
 1.4 CITY-ST-ZIP **Bradenton, FL 34208**

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME **McKeon, Betty J**
 2.3 STREET ADDRESS **3229 Pink Oak Terrace**
 2.4 CITY-ST-ZIP **Sarasota FL**

3.1 TITLE **P** ☒ Change ☐ Addition

3.2 NAME **Smith, Belinda S.**
 3.3 STREET ADDRESS **3460 Forelock Dr.**
 3.4 CITY-ST-ZIP **Tarpon Springs FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)