

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90992 037 ****61.25

DOCUMENT # N24663

1. Entity Name

FLORIDA AMATEUR QUARTER HORSE ASSOCIATION, INC.



Principal Place of Business

**3229 PINK OAK TERRACE
SARASOTA FL 34237
US**

Mailing Address

**3229 PINK OAK TERRACE
SARASOTA FL 34237
US**

11066014



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0030025**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKEON, BETTY-JO A
3229 PINK OAK TERRACE
SARASOTA FL 34237**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HEDGECOCK, SUSAN	
STREET ADDRESS	206 40TH ST CT E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCKEON, BETTY J	
STREET ADDRESS	3229 PINK OAK TERRACE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HADERLE, PAULA	
STREET ADDRESS	4505 ELDORADO WAY	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEARCH, LORI	
STREET ADDRESS	2170 ARNOLD LANE	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANATSEY, PATRICIA	
STREET ADDRESS	1040 SE 59TH ST.	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	P	<input type="checkbox"/> Delete
NAME	HEDGECOCK, RANDY	
STREET ADDRESS	206 40TH CT E	
CITY-ST-ZIP	BRADENTON FL 34208	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *Betty Jo McKean* **4/25/03** **941-366-9050**

CR2E037 (10/02)