


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N25804 (8) 1. Corporation Name JEFFERSON COUNTY HORSEMEN'S ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 24 MONTICELLO FL 32344			Mailing Address P.O. BOX 24 MONTICELLO FL 32345-0024		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/1988	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 03/19/1996	
22 City & State		27 City & State		4. FEI Number 59-2935123	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent EHLER, DONALD RTE 2 BOX 231 MONTICELLO FL 32344			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number Is Not Acceptable)		
83			84 City		
85 FL			86 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 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		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP			1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		
1.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP			1.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP		
1.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP			1.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP		
1.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP			1.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP		
1.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP			1.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP		
1.6 TITLE NAME STREET ADDRESS CITY - ST - ZIP			1.6 TITLE NAME STREET ADDRESS CITY - ST - ZIP		
1.7 TITLE NAME STREET ADDRESS CITY - ST - ZIP			1.7 TITLE NAME STREET ADDRESS CITY - ST - ZIP		
1.8 TITLE NAME STREET ADDRESS CITY - ST - ZIP			1.8 TITLE NAME STREET ADDRESS CITY - ST - ZIP		
1.9 TITLE NAME STREET ADDRESS CITY - ST - ZIP			1.9 TITLE NAME STREET ADDRESS CITY - ST - ZIP		
1.10 TITLE NAME STREET ADDRESS CITY - ST - ZIP			1.10 TITLE NAME STREET ADDRESS CITY - ST - ZIP		

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: *[Signature]* 6-19-97 900 982-600

CR2E037 (9/96)