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NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N36831   (8)

1. Corporation Name

FLORIDA PAINT STALLION BREEDERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
18321 N OLGA DRIVE ALVA FL 33920 US	18321 N OLGA DRIVE ALVA FL 33920-3112 US

3. Date Incorporated or Qualified **02/27/1990**	3a. Date of Last Report **07/23/1996**

2. Principal Place of Business [21]	2a. Mailing Address [26]	4. FEI Number **65-0166550**	Applied For / Not Applicable
Suite, Apt. #, etc [22]	Suite, Apt. #, etc. [27]	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State [23]	City & State [28]	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip [24]	Country [25]	Zip [29]	Country [30]	8. 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
ROEKEL, DENNIS VAN 18321 N OLGA DRIVE ALVA FL 33920	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 _____
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 **P** NAME **VAN ROCKEL, DENNIE** STREET ADDRESS **18321 N OLGA DRIVE** CITY-ST-ZIP **ALVA FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VD** NAME **MAHLSCHNEE, STEVE** STREET ADDRESS **5802 PINETREE DR.** CITY-ST-ZIP **FT PIERCE FL**	☑ DELETE	2.1 TITLE **VP** 2.2 NAME **Titsworth, Jud** 2.3 STREET ADDRESS **34455 S.R. 70** 2.4 CITY-ST-ZIP **Myakka City, Fl.**	☐ Change ☑ Addition
TITLE **S** NAME **DEFRESNE, JEANNE** STREET ADDRESS **2951 N ROAD** CITY-ST-ZIP **N FT. MYERS FL**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **DRAWDY, PHIL** STREET ADDRESS **108 26 W. MIDWAY RD** CITY-ST-ZIP **FT PIERCE FL**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **DUFRESNE, NORMAN** STREET ADDRESS **2951 N ROAD** CITY-ST-ZIP **N FT MYERS FL**	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE **T** 6.2 NAME **Catherine Casey** 6.3 STREET ADDRESS **4588 Longleaf Lane** 6.4 CITY-ST-ZIP **Sarasota, Fl.**	☐ Change ☑ Addition

CR2E037 (9/96)

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: _Dennis Van Roekel_ REQUIRED 1/23/97   941-694-7177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # 0056957