NONPROFIT CORPORATION ANNUAL REPORT

1999



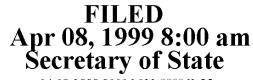
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N36831

FLORIDA PAINT STALLION BREEDERS ASSOCIATION, INC



04-08-1999 90006 011 ****61.25

Principal Pi								
	lace of Business	Mailing Address				ĺ		
34455 STATE ROAD 70 18321 N OLGA DRIVE						. I DER BERTER BOOK DUITO BOTON (BIRKO FISHER 1901) DEA	T BURU AKAM BURU AK	eni elek 1 38
MYAKKA CITY FL 34251 ALVA FL 33920								
US		US				((Tättiff ass trea gran ratsa strat call see	t afait afalt minit as	fic fiffit ibes
						i		
2. Principa	I Place of Business	2a. Mailing Address	<u> </u>			3. Date Incorporated or Qualified		
21	i Flace of Dusiness	26				02/27/1990		
	pt. #, etc.	Suite, Apt. #, etc.				4. FEI Number	A	plied For
22		27	-			65-0166550	No	ot Applicable
City & S	State	City & State				5. Certificate of Status Desired		Additional
23		28		'		J. Constituting of Opinios (1859)	Fee Ro	equired
Zip	Country	Zip	Count	Ty:		8. Election Campaign Financing	•	May Be
24	25	29	30			Trust Fund Contribution		to Fees
	9. Name and Address of Cur	rent Registered Agent		41 A		10. Name and Address of New Register	red Agent	
			ļŧ	1 Nam	8	•		
TITSWORTH, JUD				2 Stree	t Addre	Address (P.O. Box Number is Not Acceptable)		
34455 STATE ROAD 70			<u>_</u>					
MYAKK	A CITY FL 34251		8	3				
Ì			a	4 City			. 85 Zip	Code
}			- 1	1				
11. Pursua	ant to the provisions of Sections 617.	3502 and 617.1508, Florida Statut	es, the abo	ve-name	d corpo	ration submits this statement for the purpose	or changing its	nistered Registered
ecilito d	or registered agent or both, in the Sta I am familiar with and accept the obj	idations of Section 617.6593. Fig	dda Statute	y ine cui :3.	porauo.	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	porturiore do re	·g.5.5.00
ì								
SIGNATUR	Signature: Suits or printed retries of registered	agent and title if applicable. (NOTE						
		adeut tunn and a subjection (Laci is	Registered A	ant signatur	required t	when reinstating)		
12.	OFFICERS	AND DIRECTORS	13.		required :	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	OFFICERS				• beguired •	m		ORS IN 12
	OFFICERS TITSWORTH, JUD	AND DIRECTORS	13.		berlupan e	m	AND DIRECTO	
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TITLE NAME STREET ADDRE CITY-ST-ZIP	TITSWORTH, JUD 34455 STATE ROAD 70 MYAKKA CITY FL 34251	AND DIRECTORS DELETE	13. 1.3 TIFLE 1.2 NAM 1.3 STRE 1.4 CITY	ET ADDRES		m	AND DIRECTO	Addition
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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 of 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 attacking with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 4588 LONGLEAF LN

SARASOTA FL