

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N38584 (1)  
1. Corporation Name  
SUNCOAST THERAPEUTIC EQUESTRIAN PROGRAM, INC.



Principal Place of Business  
9739 FRUITVILLE RD  
SARASOTA FL 34240  
US

Mailing Address  
9739 FRUITVILLE RD  
SARASOTA FL 34240  
US

3. Date Incorporated or Qualified  
06/13/1990

3a. Date of Last Report  
04/24/1995

4. FEI Number  
65-0196797

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
☒ Yes ☐ No

2. Principal Place of Business  
21 3448 LONGMEADOW  
Suite, Apt. #, etc.

2a. Mailing Address  
26 3448 LONGMEADOW  
Suite, Apt. #, etc.

22 City & State  
23 SARASOTA FLORIDA  
Zip 24 34235 Country 25 USA

27 City & State  
28 SARASOTA FLORIDA  
Zip 29 34235 Country 30 USA

9. Name and Address of Current Registered Agent

BLUCK, ROBERT F.  
3448 LONGMEADOW  
SARASOTA FL 34235

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 *John Bue*  
(Signature, typed or printed name of registered agent and date is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/1996

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PCD	GOLDSBERRY, MICHAEL	39755 SHADY LANE TERRACE	MYAKKA FL	<input type="checkbox"/>
VD	COURTNEY, BROOKS B.	9739 FRUITVILLE ROAD	SARASOTA FL	<input checked="" type="checkbox"/>
SD	SCOTT, CAROLE	6347 OYPRESS HOLLOW DRIVE	SARASOTA FL	<input checked="" type="checkbox"/>
TD	BLUCK, ROBERT F.	3448 LONGMEADOW	SARASOTA FL	<input checked="" type="checkbox"/>
O	PITTMAN, DEBORAH A.	2030 46TH WAY EAST	BRADENTON FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>

V.P. MARK MORRISON VD  
2413 DOWD ST  
SARASOTA FL. 34231

TREASURER TD  
JOE SENAT  
3643 CAROLINE LANE  
SARASOTA FL. 34238

DANIEL BECHLER SD  
6160 QUINCY  
5212 LAHANA DRIVE  
SARASOTA FL 34232

ROBERT F. BLUCK. D  
DIRECTOR/EXECUTIVE  
3448 LONGMEADOW  
SARASOTA FL 34235

10000172888  
-03/01/96--01020--015  
\*\*\*70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

1/25/1996 941-371-2141

CR2E037 (12/95)