

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40072 (3)
1. Corporation Name
HORSES AND HANDICAPPED FOUNDATION, INC.



Principal Place of Business
**600 SAGAMORE RD
FORT LAUDERDALE FL 33301**

Mailing Address
**600 SAGAMORE RD
FORT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified
09/20/1990

3a. Date of Last Report
03/02/1995

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number
65-0222795

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAN FLEET, ROBERT
600 SAGAMORE RD
FORT LAUDERDALE FL 33301**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
VPD	VAN FLEET, ROBERT	600 SAGAMORE RD	FT. LAUDERDALE FL	<input checked="" type="checkbox"/>
D	VAN FLEET, BARBARA W.	600 SAGAMORE RD	FT. LAUDERDALE FL	<input checked="" type="checkbox"/>
SD	DUTCO, BETTY	1540 SW 55 AVE	PLANTATION FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input 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
P. D.	Rodriguez, Cynthia	509 Royal Plaza Drive	Ft. Lauderdale Fl. 33301	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP D.	Schon, Thomas	628 NE 9 Ave.	Ft. Lauderdale Fl. 33304	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. D.	Gilbert, Rhonda	PO Box 24674	Ft. Lauderdale, Fl. 33307	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. D.	Van Fleet, Barbara	600 Sagamore Rd.	Ft. Lauderdale Fl 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
500001760025	-03/27/96--01091--019	***61.25		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

Cynthia Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-96 954-467-

Date

Daytime Phone

CR2E037 (12/95)