

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 20 1997 8:00am
Secretary of State

DOCUMENT # N42064 (8)

1. Corporation Name

FLORIDA DRAFT HORSE, PONY AND MULE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**3207-CR721
WEBSTER FL 33597
US**

**3207-CR721
WEBSTER FL 33597-4303
US**

3. Date Incorporated or Qualified 02/13/1991		3a. Date of Last Report 06/17/1996	
4. FEI Number 59-0238650		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEVERS, LOIS M.
3207 CR 721
WEBSTER FL 33597**

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVERS, MIKE	1.2 NAME	
STREET ADDRESS	3207-CR721	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEBSTER FL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLICK, JOHN	2.2 NAME	
STREET ADDRESS	4403 COATS RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ZEPHYRHILLS FL	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVERS, LOIS	3.2 NAME	
STREET ADDRESS	3207 CR 721	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEBSTER FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDOUGALL, JOHN W.	4.2 NAME	
STREET ADDRESS	7083 N LECANTO	4.3 STREET ADDRESS	
CITY - ST - ZIP	HERNANDO FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, RON	5.2 NAME	
STREET ADDRESS	RT. 2, BOX 2065	5.3 STREET ADDRESS	
CITY - ST - ZIP	TRENTON FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, ROGER	6.2 NAME	
STREET ADDRESS	RT 3, BOX 14772	6.3 STREET ADDRESS	
CITY - ST - ZIP	TRENTON FL	6.4 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 OF LOIS M. NEVERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97 3527939717

Date

Daytime Phone # 0046735

CR2E037 (9/96)