

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N42305 (5)

1. Corporation Name

SHERIFF'S EQUESTRIAN ASSOCIATION, INC.



Principal Place of Business

Mailing Address

165 W GREEN ST
ENGLEWOOD FL 34223

165 W GREEN ST
ENGLEWOOD FL 34223

3. Date Incorporated or Qualified
02/26/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIDS, H. VERNON
165 W GREEN ST
ENGLEWOOD FL 34223

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 D ☒ DELETE
NAME BOYKIN, SANDIE
STREET ADDRESS 1309 GUILFORD DRIVE
CITY-ST-ZIP VENICE FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME LISA PHILLIPS
1.3 STREET ADDRESS 964 1ST DIRT RD
1.4 CITY-ST-ZIP VENICE, FL 34292

TITLE D ☒ DELETE
NAME HILTY, MARY
STREET ADDRESS 601 N. JACKSON RD.
CITY-ST-ZIP VENICE FL

2.1 TITLE S ☐ Change ☒ Addition
2.2 NAME MARIA TEFFENHART
2.3 STREET ADDRESS 833 GULFCOAST BLVD.
2.4 CITY-ST-ZIP VENICE, FL 34292

TITLE VPD ☒ DELETE
NAME O'HARE, PAM
STREET ADDRESS 6803 TIDWELL ST.
CITY-ST-ZIP N. PT. FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME LYNN TWEET
3.3 STREET ADDRESS 5831 ORCHIS RD
3.4 CITY-ST-ZIP VENICE, FL 34293

TITLE PD ☒ DELETE
NAME DAY, ROBERT
STREET ADDRESS 1532 US 41 BY-PASS S., #186
CITY-ST-ZIP VENICE FL

4.1 TITLE TREAS ☐ Change ☒ Addition
4.2 NAME JULIA M. BALLARD
4.3 STREET ADDRESS 525 N. HAVANA RD
4.4 CITY-ST-ZIP VENICE, FL 34292

TITLE PD ☐ DELETE
NAME MCLEOD, DIANA
STREET ADDRESS 4740 ATLANTIC AVE
CITY-ST-ZIP SARASOTA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME BRITT, MAXINE
STREET ADDRESS 1030 ALBEE FARM ROAD
CITY-ST-ZIP VENICE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Julia M. Ballard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 941-488-5521
Date Daytime Phone #

CR2E037 (12/95)