

**CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 08, 1999 8:00 am
Secretary of State

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DOCUMENT #

1. Corporation Name

N42305

Sheriff's Equestrian Association, Inc.

Principal Place of Business

Mailing Address

Melita Ballard, Secretary
176 Marlin Rd
S. Venice, FL 34293

* 5 7 8 9 4 5 *

578945 - 90003 - 4

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		2/26/91	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		Not Applicable	
24 Country		29 Country		30	
25		29		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P D		1.1 TITLE	
NAME Lynn Twedt		1.2 NAME	
STREET ADDRESS 5831 Orchis Rd		1.3 STREET ADDRESS	
CITY-ST-ZIP Venice, FL 34293		1.4 CITY-ST-ZIP	
TITLE VPD		2.1 TITLE	
NAME Diana McLeod		2.2 NAME	
STREET ADDRESS 4960 Verna Bethany Rd		2.3 STREET ADDRESS	
CITY-ST-ZIP Myakka City, FL 34251		2.4 CITY-ST-ZIP	
TITLE S D		3.1 TITLE	
NAME Melita Ballard		3.2 NAME	
STREET ADDRESS 176 Marlin Rd		3.3 STREET ADDRESS	
CITY-ST-ZIP S. Venice, FL 34293		3.4 CITY-ST-ZIP	
TITLE T		4.1 TITLE	
NAME Julie Ballard		4.2 NAME	
STREET ADDRESS 525 N. Havana Rd		4.3 STREET ADDRESS	
CITY-ST-ZIP Venice, FL 34292		4.4 CITY-ST-ZIP	
TITLE B D		5.1 TITLE	
NAME Maxine Britt		5.2 NAME	
STREET ADDRESS 1030 Albee Farm Rd		5.3 STREET ADDRESS	
CITY-ST-ZIP Venice, FL 34292		5.4 CITY-ST-ZIP	
TITLE B		6.1 TITLE	
NAME Margie Poneleit		6.2 NAME	
STREET ADDRESS 2914 Hermitage Blvd		6.3 STREET ADDRESS	
CITY-ST-ZIP Venice, FL 34292		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

Melita A. Ballard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melita A. Ballard, Sec.

Secretary May 27 - 99 941 4931448
Date Daytime Phone #

CR2E037 (1/98)