

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90039 040 \*\*\*\*61.25

**DOCUMENT # N42305**

1. Entity Name  
**SHERIFF'S EQUESTRIAN ASSOCIATION, INC.**



Principal Place of Business  
**TAMMIE JACOBS, SECRETARY**  
**6293 TANEYTOWN STREET**  
**NORTH PORT, FL 34286 US**

Mailing Address  
**TAMMIE JACOBS, SECRETARY**  
**6293 TANEYTOWN STREET**  
**NORTH PORT, FL 34286 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME RHODES, THEA  
STREET ADDRESS 262 N AUBURN RD  
CITY-ST-ZIP VENICE, FL 34292

TITLE SD ☒ Delete  
NAME JACOBS, TAMMIE  
STREET ADDRESS 6243 TANEYTOWN STREET  
CITY-ST-ZIP NORTH PORT, FL 34286

TITLE T ☐ Delete  
NAME BALLARD, JULIE  
STREET ADDRESS 525 N HAVANA RD  
CITY-ST-ZIP VENICE, FL 34292

TITLE VD ☐ Delete  
NAME PONELEIT, MARGIE  
STREET ADDRESS 235 KEYSTONE  
CITY-ST-ZIP VENICE, FL 34292

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☐ Addition  
NAME Augusta Nanney  
STREET ADDRESS 4804 34th Ave E  
CITY-ST-ZIP Bradenton, FL 34208

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Thea Rhodes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/12/04 941-488-6500*

Date

Daytime Phone #