

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90180 014 ****61.25

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DOCUMENT # N42305

1. Entity Name

SHERIFF'S EQUESTRIAN ASSOCIATION, INC.



Principal Place of Business

**JAN KULP, SECRETARY
13238 FOWLER AVENUE
PORT CHARLOTTE FL 33981
US**

Mailing Address

**JAN KULP, SECRETARY
13238 FOWLER AVENUE
PORT CHARLOTTE FL 33981
US**

2. Principal Place of Business

Tammie Jacobs, Secretary
Suite, Apt. #, etc.
6293 Toneytown St.

3. Mailing Address

Tammie Jacobs, Secretary
Suite, Apt. #, etc.
6293 Toneytown St



CHECK HERE IF MAKING CHANGES

City & State
North Port FL

City & State
North Port FL

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip
34286

Country
USA

Zip
34286

Country
USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
SD	KULP, JAN	13238 FOWLER AVENUE	PORT CHARLOTTE FL 33981	<input checked="" type="checkbox"/>	R/P	THEA RHODES	262 N. AUBURN RD.	VENICE, FL. 34292	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PD	MOORMAN, PEGGY	6546 JOE JEFF ST	NORTH PORT FL 34286	<input checked="" type="checkbox"/>	S/D	Tammie Jacobs	6293 Toneytown St	North Port, FL 34286	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BALLARD, JACQUI	1279 GRAHAM BLVD	VENICE FL 34293	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	BALLARD, JULIE	525 N HAVANA RD	VENICE FL 34292	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
BD	BRITT, MAXINE	1030 ALBEE FARM ROAD	VENICE FL 34292	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	PONELEIT, MARGIE	235 KEYSTONE	VENICE FL 34292	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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* **THEA RHODES/PRES 2-13-03 488-6500**

CR2E037 (10/02)