

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 16 AM 11:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N43394 (8)
1. Corporation Name
SPECIAL EQUESTRIANS, HORSES AND HANDICAPPED, INC

Principal Place of Business Mailing Address
**8695 COLLEGE PARKWAY
SUITE 333
FT. MYERS FL 33913**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/13/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0250071** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**
7. Nonprofit with IRS 601(c)(3)
Tax Exempt Status ☒ **\$68.75 Supplemental
Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAWRENCE, MAX
8695 COLLEGE PARKWAY
SUITE 333
FT. MYERS FL 33913**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT**
NAME **FAULKNER, SANDY**
STREET ADDRESS **4849 SHERRY LANE**
CITY-ST-ZIP **FT. MYERS FL 33908**

1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DS**
NAME **WYNNE, PATRICIA**
STREET ADDRESS **16 FALCONWOOD CT.**
CITY-ST-ZIP **FT. MYERS FL 33919**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D**
NAME **SAYERS, VIRGINIA**
STREET ADDRESS **4070 EAST RIVER DRIVE**
CITY-ST-ZIP **FT. MYERS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DP**
NAME **OLETSKE, JAMES**
STREET ADDRESS **P.O. BOX 07297**
CITY-ST-ZIP **FT. MYERS FL 33919**

4.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DV**
NAME **LAWRENCE, MAX**
STREET ADDRESS **12705 COLD STREAM DR.**
CITY-ST-ZIP **FT. MYERS FL 33912**

5.1 TITLE **DIRECTOR, TREASURER** ☒ Change ☐ Addition
5.2 NAME **LAWRENCE, MAX**
5.3 STREET ADDRESS **12705 COLD STREAM DR.**
5.4 CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE **D**
NAME **CLARK, THOMAS**
STREET ADDRESS **12800 UNIVERSITY DR S**
CITY-ST-ZIP **FT. MYERS FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **DELETE**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/95

Signature/Name #

Special Equestrians Horses and Handicapped, Inc.

8695 College Parkway, Suite 333

Fort Myers, FL 33919

813-489-1844

Board of Directors

October, 1994

Mrs. Sandy Faulkner
4548 Sherry Lane
Fort Myers, FL 33908
432-0932 Fax - 432-0944

Mr. Max Lawrence
Treasurer*
12703 Cold Stream Drive
Fort Myers, FL 33912
H-768-2066 W-278-1177

Dr. Debra Rogrow
11888 Mahogany Run
Fort Myers, FL 33902
Work # 838-2412
Home # 561-7645

Michael Matthews
1980 Rookery Bay Drive, #801
Naples, FL 33961
H-813-793-7935 Pager-890-2040
W-913-793-9300

Dr. Gilbert Gilmisky
1330-1F Gulf Drive
Sanibel, FL 33957
472-1283

Mr. James Oletski
Past President*
P.O. Box 07297
Fort Myers, FL 33919
481-9915

Mrs. Virginia Davis
4070 East River Drive
Fort Myers, FL 33916
Home- 693-7797 Fax-574-0052
Work-574-1153 Pager 277-6638

Constance S. Ruess
2201 SE 3rd Terrace
Cape Coral, FL 33980
458-2215

Mrs. Elisa Longendyke
Second Vice President*
13585 Eagle Ridge Drive
Fort Myers, FL 33912
561-2495

Mrs. Cindy Becker
First Vice President*
3251 King Street
Fort Myers, FL 33916
H-334-3230 W-334-1238
Fax-334-7202

Mrs. Patricia Wynne
Secretary*
16 Falconwood Court
Fort Myers, FL 33919
Home-275-0146 Fax-275-8084

Ken Kaylor
25730 Hickory Blvd.
Bonita Springs, FL 33923
H-982-6439 W-597-1183

Dr. Diane Ulrich Richter
c/o Bonita Vet. Hospital
President*
4155 Bonita Beach Road
Bonita Spgs, FL 33923
H-947-8555 W-992-4447

Mr. Daniel J. Dougherty
13 Falconwood Court
Fort Myers, FL 33919
W 938-0589 H-277-7014
Fax - 938-7567

Lizanne Flaier
6679 Pentland Way # 63
Fort Myers, FL 33912
H-768-9264 Fax 463-2609
W-463-1200 Ext 203

Barbara Wood
14840 Eagle's Lookout
Fort Myers, FL 33912
768-2731

*Members of Executive Committee

See reverse for other important numbers