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* 272216-90107-49 *

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N43394

1. Corporation Name

SPECIAL EQUESTRIANS, HORSES AND HANDICAPPED, INC

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/13/1991
Suite, Apt. #, etc. 22 NO CHANGE	Suite, Apt. #, etc. 27 NO CHANGE	4. FEI Number 65-0250071 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HELMS, RICHARD R.
6326 WHISKEY CREEK DRIVE
SUITE 333
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

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

83 NO CHANGE

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 _____ 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	PD	☐ DELETE	1.1 TITLE	2 VP D	☐ Change ☒ Addition
NAME	BECKER, CYNTHIA L		1.2 NAME	JERRY MOSELY	
STREET ADDRESS	3251 KING STREET		1.3 STREET ADDRESS	1634 LOWELL CT	
CITY-ST-ZIP	FT. MYERS FL 33916		1.4 CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE	V D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	LONGENDYKE, ELISA		2.2 NAME	SANDY FAULKNER	
STREET ADDRESS	12531 ALLENDALE CIR		2.3 STREET ADDRESS	4849 SHERRY LN	
CITY-ST-ZIP	FT. MYERS FL 33912		2.4 CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, LIZANNE		3.2 NAME		
STREET ADDRESS	6879 PENTLAND WAY, #63		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33912		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HELMS, RICHARD R.		4.2 NAME		
STREET ADDRESS	6326 WHISKEY CREEK DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33919		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DR GILBERT GILINSKY		5.2 NAME		
STREET ADDRESS	2228 STARFISH LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL. 33957		5.4 CITY-ST-ZIP		
TITLE	REC SECY	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DEBORAH JERROL		6.2 NAME		
STREET ADDRESS	1236 BURTWOOD DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED Cynthia L. Becker 941-489-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #