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Jul 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46228** (5)

1. Corporation Name

SOUTHEASTERN PERUVIAN HORSE CLUB, INC.



Principal Place of Business	Mailing Address
97 S. ROSCOE BOULEVARD PONTE VEDRA BEACH FL 32082	P.O. BOX 1935 PONTE VEDRA BEACH FL 32004 US

3. Date Incorporated or Qualified	11/26/1991
4. FEI Number	59-3111417
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2817 SW 186 th ST.	26 2817 SW 186 th ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 NEWBERRY, FL	28 NEWBERRY, FL
Zip	Zip
24 32669	29 32669
Country	Country
25 USA	30 USA

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. Is this nonprofit corporation a homeowners association?	☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent	
CHURCH, MARIE 97 SO ROSCOE BLVD PONTE VEDRA BCH FL 32082	

10. Name and Address of New Registered Agent	
81 Name	LORI A. HARRISON
82 Street Address (P.O. Box Number is Not Acceptable)	2817 SW 186 th STREET
83	
84 City	NEWBERRY
85 Zip Code	FL 32669

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 *Lori A. Harrison* PRESIDENT (LORI A. HARRISON) 4/27/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HARRISON, LORI
STREET ADDRESS	RT. 3, BOX 415 X
CITY-ST-ZIP	NEWBERRY FL
TITLE	VD
NAME	MALPARTIDA, CARLOS
STREET ADDRESS	ROLLING MEADOWS, RT 2 LOT 12
CITY-ST-ZIP	ALACHUA FL
TITLE	S
NAME	HARGROVE, NANCY
STREET ADDRESS	10522 S. HWY 441
CITY-ST-ZIP	MICANOPY FL 32667
TITLE	TD
NAME	CHURCH, MARIE
STREET ADDRESS	97 S. ROSCOE BLVD.
CITY-ST-ZIP	PONTE VEDRA BCH FL
TITLE	D
NAME	WARD, ANETTE
STREET ADDRESS	ROLLING MEADOWS, RT.2. LOT 12
CITY-ST-ZIP	ALACHUA FL
TITLE	Dire
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	HARRISON, LORI
1.3 STREET ADDRESS	2817 SW 186 th ST.
1.4 CITY-ST-ZIP	NEWBERRY, FL 32669
2.1 TITLE	VD
2.2 NAME	MALPARTIDA, CARLOS
2.3 STREET ADDRESS	11906 NW 274 th Place
2.4 CITY-ST-ZIP	Alachua, FL 32615
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	CHURCH, MARIE 32667
4.1 TITLE	TD
4.2 NAME	P.O. Box 880761
4.3 STREET ADDRESS	STEAMBOAT SPRINGS, COLORADO
4.4 CITY-ST-ZIP	34105 RCR 33 80487
5.1 TITLE	D
5.2 NAME	WARD, ANETTE
5.3 STREET ADDRESS	11906 NW 274 th Place
5.4 CITY-ST-ZIP	Alachua, FL 32615
6.1 TITLE	DIRECTOR
6.2 NAME	JACK MILLER
6.3 STREET ADDRESS	17147 AKINS DRIVE
6.4 CITY-ST-ZIP	SPRING HILL, FL 34610

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.

SIGNATURE *Lori A. Harrison* PRESIDENT 4/27/98 352-473-3765

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