

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90001 047 \*\*\*\*70.00

**DOCUMENT # N46228**

1. Corporation Name

**SOUTHEASTERN PERUVIAN HORSE CLUB, INC.**

Principal Place of Business

2817 SW 186TH ST.  
NEWBERRY FL 32669  
US

Mailing Address

2817 SW 186TH ST.  
NEWBERRY FL 32669  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/26/1991

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3111417

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRISON, LORI A. **LORI A.**  
2817 SW 186TH STREET  
NEWBERRY FL 32669

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME HARRISON, LORI  
STREET ADDRESS 2817 SW 186TH STREET  
CITY-ST-ZIP NEWBERRY FL

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

TITLE VD ☐ DELETE  
NAME MALPARTIDA, CARLOS  
STREET ADDRESS 11906 NW 274TH PLACE  
CITY-ST-ZIP ALACHUA FL 32615

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

TITLE S ☐ DELETE  
NAME HARGROVE, NANCY  
STREET ADDRESS 10522 S. HWY 441  
CITY-ST-ZIP MICANOPY FL 32667

3.1 TITLE **35D** ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE  
NAME CHURCH, MARIE  
STREET ADDRESS 34105 RCR 33  
CITY-ST-ZIP STEAMBOAT SPRINGS CO 80487

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **DIRECTOR**  
4.3 STREET ADDRESS **MARY LOU HAWKINS**  
4.4 CITY-ST-ZIP **2106 NW 4th PLACE**  
**GAINESVILLE, FL 32605**

TITLE D ☒ DELETE  
NAME WARD, ANETTE  
STREET ADDRESS 11906 NW 274 TH PLACE  
CITY-ST-ZIP ALACHUA FL 32615

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MILLER, JACK  
STREET ADDRESS 17147 AKINS DRIVE  
CITY-ST-ZIP SPRING HILL FL 34610

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/20/99**  
Date

**352/472-3765**  
Daytime Phone #

CR2E037 (5/99)