

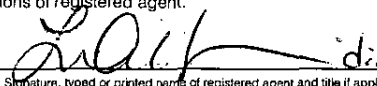
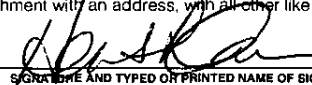


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90006 048 ****61.25

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|---|--|---|--|--|--|
| DOCUMENT # N46228 1. Entity 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 Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 03052003 Chg-NP CR2E037 (10/03) | |
| Zip | | Country | | 4. FEI Number 59-3111417 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MILLER, JACK L 17147 AKINS DRIVE SPRING HILL, FL 34610 | | | 7. Name and Address of New Registered Agent Name LORI HARRISON Street Address (P.O. Box Number is Not Acceptable) 2817 SW 186 STREET City NEWBERRY FL Zip Code 32669 | | |
| 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. director LORI HARRISON | | DATE 4/30/04 | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | D HARRISON, LORI 2817 SW 186TH STREET NEWBERRY, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRANT, GLORIA 4915 COUNTY ROAD 214 KEYSTONE HEIGHTS, FL 32656 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER HEATHER CAVE 6200 SE 47 PLANE TLENTON, FL 32693 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HARGROVE, NANCY 10522 S. HWY 441 MICANOPY, FL 32667 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY MARYLOU HAWKINS 198 SW OAK GLEN FT WHITE, FL 32038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MILLER, EDNA L 17147 AKINS DRIVE SPRING HILL, FL 34610 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT JUNE PINKHAM PO BOX 807 POMONA PARK, FL 32181-0807 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MILLER, JACK 17147 AKINS DRIVE SPRING HILL, FL 34610 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR CARLOS MALPARTIDA 11400 NW 27+ PL ALACHUA, FL 32615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CASTANOS, LAURA 12818 SW WILLISTON ROAD MICANOPY, FL 32667 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HEATHER CAVE | | Date 4/30/04 Daytime Phone # 352.213.6207 | |