


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

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	

DO NOT WRITE IN THIS SPACE



03082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3111417	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HARRISON, LORI
2817 SW 186 STREET
NEWBERRY, FL 32669

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when re-stating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, LORI 2817 SW 186TH STREET NEWBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEATHER, CAVE 6200 SE 47 PLACE TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAWKINS, MARYLOU 198 SW OAK GLEN FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINKHAM, JUNE PO BOX 807 POMONA PARK, FL 321810807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALPARTIDA, CARLOS 11906 NW 27TH PLACE ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTANOS, LAURA 12818 SW WILLISTON ROAD MICANOPY, FL 32667

U00000258082
03/10/05-80028-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 A. CAVE

Date

3/9/05

Daytime Phone #

352 494 8406