

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48588 (0)**

1. Corporation Name
**SUNSHINE STATE RACKING & WALKING HORSE ASSOCIATI
ON INC.**



Principal Place of Business: **7626 SPOONBILL AVE. ORLANDO FL 32822**
Mailing Address: **7626 SPOONBILL AVE. ORLANDO FL 32822**

3. Date Incorporated or Qualified: **04/28/1992**
3a. Date of Last Report: **02/17/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

4. FEI Number: **59-3129423**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HORTON, HAROLD W
7626 SPOONBILL AVE.
ORLANDO FL 32822**

10. Name and Address of New Registered Agent
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: *Harold W. Horton* 4/22/96
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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOONE, EDWARD	1.2 NAME	
STREET ADDRESS	7626 SPOONBILL AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, ELMER	2.2 NAME	V CAROL WORSHAM
STREET ADDRESS	RT. 1 BOX 27-B	2.3 STREET ADDRESS	2910 HWY. 41 S.
CITY-ST-ZIP	ALACHUA FL 32615	2.4 CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, HAROLD W	3.2 NAME	
STREET ADDRESS	7626 SPOONBILL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORSHAM, CAROL	4.2 NAME	D MARIE AUGUSTYNIAK
STREET ADDRESS	2910 HWY 41 SOUTH	4.3 STREET ADDRESS	21251 MOORE RD.
CITY-ST-ZIP	DUNNELLON FL	4.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34609
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLE, DONNA	5.2 NAME	
STREET ADDRESS	30131 ST. JOE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIKER, PEGGY	6.2 NAME	
STREET ADDRESS	17789-D LAKE CARLTON DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Harold W. Horton* 4/22/96 (407) 273-6643
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)

13.

D

HENRY WIMBERLY
P.O. Box 434
Florahome, FL 32140

D

JR. COTTLE
4825 Shadyglen Dr.
Lakeland, FL 33809