

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90074 012 ****61.25

DOCUMENT # N48588

1. Entity Name

**SUNSHINE STATE RACKING, WALKING & SPOTTED SADDLE
HORSE ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

15656 PONCE DE LEON BLVD.
BROOKSVILLE FL 34601

15656 PONCE DE LEON BLVD.
BROOKSVILLE FL 34601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3129423**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DES CHAMPS, DEBBIE
15656 PONCE DE LEON BLVD.
BROOKSVILLE FL 34601

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Handwritten Signature]

3/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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	P	<input checked="" type="checkbox"/> Delete
NAME	BOONE, EDWARD	
STREET ADDRESS	9583 HANDLEY COURT	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	S	<input type="checkbox"/> Delete
NAME	DES CHAMPS, DEBBIE	
STREET ADDRESS	15656 PONCE DE LEON BLVD.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONKLE, DONNA	
STREET ADDRESS	30131 ST. JOE RD.	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASSINI, MARIE	
STREET ADDRESS	1236 SATURN RD.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	COTTLE, ELMER	
STREET ADDRESS	226 PADGETT PL.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Conkle	
STREET ADDRESS	30131 ST Joe Rd	
CITY-ST-ZIP	Dade City, Fl. 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joyce Elledge	
STREET ADDRESS	6018 Saffel Dr.	
CITY-ST-ZIP	Brooksville, Fl. 34602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

3/10/03 3587960298

CR2E037 (10/02)