

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 # N49905 (5)

1. Corporation Name

THE EVERGLADES EQUESTRIAN SOCIETY, INC.



Principal Place of Business

Mailing Address

640 DORANDO COURT
MARCO ISLAND FL 33937
US

640 DORANDO COURT
MARCO ISLAND FL 33937
US

3. Date Incorporated or Qualified
07/16/1992

3a. Date of Last Report
11/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-3127863

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

10. Name and Address of New Registered Agent

KATELEY, KAREN
826 101ST AVENUE NORTH
NAPLES FL 33963

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME OSSORIO, GRAEME
STREET ADDRESS 4250 25TH AVE. S.W.
CITY-ST-ZIP NAPLES FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME BRAREN, ROBERT
STREET ADDRESS 640 DORANDO CT.
CITY-ST-ZIP NAPLES FL 33937

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME KATELEY, KAREN
STREET ADDRESS 826 101ST AVE., NORTH
CITY-ST-ZIP NAPLES FL 33963

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DIXON, SUE
STREET ADDRESS 6541 DANIELS ROAD
CITY-ST-ZIP NAPLES FL 33999

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CARNES, PATTY
STREET ADDRESS 345 MEADOW LARK COURT
CITY-ST-ZIP MARCO ISLAND FL 33937

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME FALKINS, JOYCE
STREET ADDRESS 28048 WESTBROOK DR.
CITY-ST-ZIP BONITA SPRINGS FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen L. Kateley
Karen L. Kateley-Treasurer

11/30/96

Date

Daytime Phone #

CR2E037 (12/95)