

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**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-3127863	Applied For	
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Country				

9. Name and Address of Current Registered Agent

**KATELEY, KAREN
826 101ST AVENUE NORTH
NAPLES FL 33963**

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSSORIO, GRAEME	1 2 NAME	
STREET ADDRESS	4250 25TH AVE. S.W.	1 3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1 4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAREN, ROBERT	2 2 NAME	
STREET ADDRESS	640 DORANDO CT.	2 3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33937	2 4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATELEY, KAREN	3 2 NAME	
STREET ADDRESS	826 101ST AVE., NORTH	3 3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33963	3 4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, SUE	4 2 NAME	
STREET ADDRESS	6541 DANIELS ROAD	4 3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33999	4 4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNES, PATTY	5 2 NAME	
STREET ADDRESS	345 MEADOW LARK COURT	5 3 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL 33937	5 4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALKINS, JOYCE	6 2 NAME	
STREET ADDRESS	28048 WESTBROOK DR.	6 3 STREET ADDRESS	
CITY - ST - ZIP	BONITA SPRINGS 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: *Karen L. Kateley* 1/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Karen L. Kateley - Treasurer** Date: _____ Daytime Phone # _____

CR2E037 (12/95)