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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:15

DOCUMENT # N50726 (1)

1. Corporation Name

SOUTHEAST WESTERN, ENGLISH AND EQUINE ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
62 HAMLIN RD WINTER GARDEN FL 34787	62 HAMLIN RD WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1992
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-3145817 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 5061 Napoli Dr.	26 Po Box 11029
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Naples, Florida	City & State 28 Naples Florida
Zip 24 33940 Country 25 USA	Zip 29 33941-1029 Country 30 USA

9. Name and Address of Current Registered Agent

SAWYER, GLADYS
62 HAMLIN RD
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name: Colleen Mac Alister
82 Street Address (P.O. Box Number is Not Acceptable): 5061 Napoli Drive
83
84 City: Naples FL 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Colleen MacAlister Colleen Mac Alister Executive Director 2-6-95
(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	11 TITLE		☐ Change ☐ Addition
NAME	FAGAN, W.A.	12 NAME		
STREET ADDRESS	3545 BANYAN DR.	13 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	BRYANT, JOE	22 NAME		
STREET ADDRESS	622 JORDAN RD.	23 STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN TN	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	TURRENTINE, ROSS	32 NAME		
STREET ADDRESS	2800 HARGROVE RD.	33 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	~~DEES, STEVE~~	42 NAME	Orr, Harry	
STREET ADDRESS	~~P. O. DRAWER E~~ delete	43 STREET ADDRESS	11515 N. Fulton Ind. Blvd	
CITY-ST-ZIP	~~SCHULLENBURG TX~~ delete	44 CITY-ST-ZIP	Alpharetta, GA 30201	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MILLER, DON	52 NAME		
STREET ADDRESS	15 WENDY CT.	53 STREET ADDRESS		
CITY-ST-ZIP	MACON GA	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	GARNAM	62 NAME	Gannam	
STREET ADDRESS	1345 DRESDEN DR., W.	63 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC	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)(i), 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: William A. Fagan — President 2/2/95 407-331-3370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
William A. FAGAN - P

000644