

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 # N50726 (1)

1. Corporation Name

SOUTHEAST WESTERN, ENGLISH AND EQUINE ASSOCIATIO  
N, INC.



Principal Place of Business

Mailing Address

5061 NAPOLI DRIVE  
NAPLES FL 33940  
US

5061 NAPOLI DRIVE  
P.O. BOX 11029  
NAPLES FL 33941-1029  
US

3. Date Incorporated or Qualified  
09/04/1992

3a. Date of Last Report  
04/14/1995

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

24

25

29

30

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

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

MACALISTER, COLLEEN  
5061 NAPOLI DRIVE  
NAPLES FL 33940

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
<input checked="" type="checkbox"/>	FAGAN, W.A.	345 BANYAN DRIVE	MAITLAND FL	<input type="checkbox"/>
<input checked="" type="checkbox"/>	BRYANT, JOE	622 JORDAN RD.	FRANKLIN TN	<input type="checkbox"/>
<input checked="" type="checkbox"/>	TURRENTINE, ROSS	2800 HARGROVE RD.	ATLANTA GA	<input type="checkbox"/>
<input checked="" type="checkbox"/>	ORR, HARRY	11515 N. FULTON IND BLVD	ALPHARETTA GA	<input type="checkbox"/>
<input checked="" type="checkbox"/>	MILLER, DON	15 WENDY CT.	MACON GA	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	GANNAM	1345 DRESDEN DR., W.	CHARLOTTE NC	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	Irbay, Reg	465 Bracklin Trace	Grayson, GA 30221	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ST				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Date:

Daytime Phone #

CR2E037 (12/95)