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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50726** (1)

1. Corporation Name

SOUTHEAST WESTERN, ENGLISH AND EQUINE ASSOCIATION, INC.



Principal Place of Business 5061 NAPOLI DRIVE NAPLES FL 34103 US	Mailing Address 5061 NAPOLI DRIVE P.O. BOX 11029 NAPLES FL 34101-1029 US
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3. Date Incorporated or Qualified 09/04/1992	3a. Date of Last Report 04/02/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 34103	Country 25
Country 29	Zip 30

4. FEI Number 59-3145817	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**MACALISTER, COLLEEN
5061 NAPOLI DRIVE
NAPLES FL 34103**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Colleen Macalister* (NOTE: Registered Agent signature required when reinstating) DATE **1-19-97**

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kennon	
1.3 STREET ADDRESS	224 W. Clayton St	
1.4 CITY-ST-ZIP	Athens GA 30601	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	May	
3.3 STREET ADDRESS	2450 Fortuner Rd	
3.4 CITY-ST-ZIP	Kissimmee FL 34744	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Irby	
5.3 STREET ADDRESS	465 Bracken Trace	
5.4 CITY-ST-ZIP	Grayson, GA 30221	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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.

CR2E037 (9/96)