

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90125 009 ****61.25

DOCUMENT # N50726

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 33941-1029
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 PO Box 11029

27 Suite, Apt. #, etc.

28 Naples FL

29 34101-1029 30 Zip Country

3. Date Incorporated or Qualified

09/04/1992

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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME KENNON, DAVID
STREET ADDRESS 224 W. CLAYTON ST
CITY-ST-ZIP ATHENS GA

TITLE D ☒ DELETE
NAME BRYANT, JOE
STREET ADDRESS 622 JORDAN RD.
CITY-ST-ZIP FRANKLIN TN

TITLE D ☐ DELETE
NAME MAY
STREET ADDRESS 2450 FORTUNE RD
CITY-ST-ZIP KISSIMMEE FL

TITLE D ☐ DELETE
NAME ORR, HARRY
STREET ADDRESS 11515 N. FULTON IND BLVD
CITY-ST-ZIP ALPHARETTA GA

TITLE P ☐ DELETE
NAME IRBY, REG
STREET ADDRESS 465 BRACKIN TRACE
CITY-ST-ZIP GRAYSON GA

TITLE D ☒ 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME P Gary Anderson
2.3 STREET ADDRESS 5061 Napoli Dr
2.4 CITY-ST-ZIP Naples FL 34103

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME VP Phil Allen
6.3 STREET ADDRESS 4401 Oak Hollow Dr
6.4 CITY-ST-ZIP High Point, NC 27265

14. I 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, with all other like empowered.

SIGNATURE: *Katherine Harris* (GARY ANDERSON) 4/17/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)