

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90032 027 \*\*\*\*61.25

**DOCUMENT # N50726**

1. Entity Name

SOUTHEAST WESTERN, ENGLISH AND EQUINE  
ASSOCIATION, INC.



Principal Place of Business  
5061 NAPOLI DRIVE  
NAPLES, FL 34103 US

Mailing Address  
PO BOX 11029  
NAPLES, FL 34101 US

**54061974**



2. Principal Place of Business

806 103rd Ave. n.

3. Mailing Address

PO Box 11029

Suite, Apt. #, etc.

Naples

Suite, Apt. #, etc.

07022004

Chg-NP

CR2E037 (10/03)

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3145817

Applied For

Not Applicable

Zip

34108

Country

US

Zip

34101

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MACALISTER, COLLEEN  
5061 NAPOLI DRIVE  
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name

Catherine Orban

Street Address (P.O. Box Number is Not Acceptable)

806 103rd Ave. n.

City

Naples

FL

Zip Code

34108

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Catherine Orban*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P P ☐ Delete  
NAME CLARK, R. SCOTT  
STREET ADDRESS P.O. BOX 161999  
CITY-ST-ZIP FT WORTH, TX 76161

TITLE D ☐ Delete  
NAME ANDERSON, GARY  
STREET ADDRESS 5061 NAPOLI DR.  
CITY-ST-ZIP NAPLES, FL 34103

TITLE D ☐ Delete  
NAME JACKSON, JIM  
STREET ADDRESS 4129 GOOSE HOLLOW RD  
CITY-ST-ZIP GENEVA, AL 36340

TITLE D ☒ Delete  
NAME MCCALL, BRYAN  
STREET ADDRESS P.O. BOX 583  
CITY-ST-ZIP THOMASVILLE, NC 27361

TITLE D ☐ Delete  
NAME EARNHARDT, JAY  
STREET ADDRESS 4506 GUY CRT  
CITY-ST-ZIP OLD HICKORY, TN 37138

TITLE D ☐ Delete  
NAME ALLEN, PHIL  
STREET ADDRESS 4401 OAK HOLLOW DR.  
CITY-ST-ZIP HIGH POINT, NC 27265

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition  
NAME Sundock, Richard  
STREET ADDRESS 2137 Williamsburg way  
CITY-ST-ZIP Birmingham, AL 35223

TITLE S ☐ Change ☒ Addition  
NAME Prince, Tammy  
STREET ADDRESS 1922 SW 112th St  
CITY-ST-ZIP Gainesville, FL 32607

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Catherine Orban*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/04 339 592-9118

Date

Daytime Phone #