

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50726

FILED
Jan 14, 2005
Secretary of State

Entity Name: SOUTHEAST WESTERN, ENGLISH AND EQUINE ASSOCIATION, INC.

Current Principal Place of Business:

3806 103RD AVE N
NAPLES, FL 34108 US

New Principal Place of Business:

806 103RD AVE N
NAPLES, FL 34108 US

Current Mailing Address:

PO BOX 11029
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-3145817 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ORBAN, CATHERINE
806 103RD AVE N
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARK, R. SCOTT
Address: P.O. BOX 161999
City-St-Zip: FT WORTH, TX 76161

Title: D () Delete
Name: ANDERSON, GARY
Address: 5061 NAPOLI DR.
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: JACKSON, JIM
Address: 4129 GOOSE HOLLOW RD
City-St-Zip: GENEVA, AL 36340

Title: P () Delete
Name: SUNDCK, RICHARD
Address: 2137 WILLIAMSBURG WAY
City-St-Zip: BIRMINGHAM, AL 35223

Title: D () Delete
Name: EARNHARDT, JAY
Address: 4506 GUY CRT
City-St-Zip: OLD HICKORY, TN 37138

Title: D () Delete
Name: ALLEN, PHIL
Address: 4401 OAK HOLLOW DR.
City-St-Zip: HIGH POINT, NC 27265

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE ORBAN

D

01/14/2005

Electronic Signature of Signing Officer or Director

Date