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 # N93000000701 (3)

1. Corporation Name

ALACHUA ARABIAN HORSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~ROUTE 4, BOX 3TR~~ ALACHUA FL 32615	P.O. BOX 400 ALACHUA FL 32615

3. Date Incorporated or Qualified: 02/11/1993
3a. Date of Last Report: 06/30/1995

2. Principal Place of Business
21: 11504 - NW 136TH ST
Suite, Apt. #, etc. 22:
City & State 23: Alachua FL
Zip 24: 32615
Country 25: Alachua

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29:
Country 30:

4. FEI Number: NOT APPLICABLE ☐ 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**

MCCANLESS, PAULA
11504 N.W. 136TH ST
ALACHUA FL 32615

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	WRIGLEY, GRETA		1.2 NAME	Paula McCanless	
STREET ADDRESS	RT 2, BOX 690 A		1.3 STREET ADDRESS	P.O. Box 1412 — 11504 NW 136TH ST	
CITY-ST-ZIP	MICANOPY FL 32667		1.4 CITY-ST-ZIP	Alachua, FL ~~32615~~ 32615	
TITLE	S	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	BROWN, ELIZABETH		2.2 NAME	Hyde, NiTA	
STREET ADDRESS	P.O. BOX 197 N/A		2.3 STREET ADDRESS	3509 NW 170TH ST	
CITY-ST-ZIP	GRANDIN FL 32138		2.4 CITY-ST-ZIP	Newberry, FL 32669	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CRUISE, BEVERLY		3.2 NAME		
STREET ADDRESS	P.O. BOX 2035 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	MCCANLESS, PAULA		4.2 NAME	Dolz, Ari	
STREET ADDRESS	P.O. BOX 1412 N/A		4.3 STREET ADDRESS	12109 NW 129TH Terr.	
CITY-ST-ZIP	ALACHUA FL 32615		4.4 CITY-ST-ZIP	Alachua, FL 32615	
TITLE	D	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	DOIZ, ARIANNE		5.2 NAME	Lenox, Barbara	
STREET ADDRESS	5825 NW 32ND ST		5.3 STREET ADDRESS	1219 NW 56TH AVE	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	Gainesville FL 32653	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MISURA, SHARON		6.2 NAME	400001919764	
STREET ADDRESS	RT 3, BOX 261		6.3 STREET ADDRESS	-08/13/96--01027--015	
CITY-ST-ZIP	ALACHUA FL		6.4 CITY-ST-ZIP	***61.25	

CR2E037 (12/95)

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: Paula McCanless 3/27/96 (904) 462-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #