

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

11504 NW 136TH ST.
ALACHUA FL 32615

P.O. BOX 400
ALACHUA FL 32616-0400

3. Date Incorporated or Qualified
02/11/1993

3a. Date of Last Report
08/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☒ DELETE
NAME	WRIGLEY, GRETA	
STREET ADDRESS	RT 2, BOX 690 A	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE	S	☒ DELETE
NAME	BROWN, ELIZABETH	
STREET ADDRESS	P.O. BOX 197 N/A	
CITY-ST-ZIP	GRANDIN FL 32138	
TITLE	T	☐ DELETE
NAME	CRUISE, BEVERLY	
STREET ADDRESS	P.O. BOX 2035 N/A	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	V	☒ DELETE
NAME	MCCANLESS, PAULA	
STREET ADDRESS	11504 NW 136TH ST.	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	☒ DELETE
NAME	DOIZ, ARIANNE	
STREET ADDRESS	5825 NW 32ND ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	☐ DELETE
NAME	MISURA, SHARON	
STREET ADDRESS	RT 3, BOX 281	
CITY-ST-ZIP	ALACHUA FL	

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Elizabeth A. Brown	
1.3 STREET ADDRESS	PO Box 197	
1.4 CITY-ST-ZIP	Grandin, Fla 32138	
2.1 TITLE	S	☒ Change ☐ Addition
2.2 NAME	Nita Hyde	
2.3 STREET ADDRESS	3507 N.W. 170 ST.	
2.4 CITY-ST-ZIP	Newberry, FL 32669	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	Jennifer Evans	
3.3 STREET ADDRESS	8806 SW 98th Ave.	
3.4 CITY-ST-ZIP	Gainesville, FL 32608	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Becky Capeloto	
4.3 STREET ADDRESS	5333 NW 45 LN	
4.4 CITY-ST-ZIP	Gainesville, FL 32606	
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		
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)