

**CORPORATION
ANNUAL REPORT
1995**

**Division of Corporations
Secretary of State**

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N94000000874 (7)

1. Corporation Name

BRANDON PONY LEAGUE, INC.

Principal Place of Business

**510 E SADIE ST
BRANDON FL 33510**

Mailing Address

**510 E SADIE ST
BRANDON FL 33510**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1994

3a. Date of Last Report

Initial Report

4. FEI Number

65-0484447

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**REVELLE, HOWARD B
920 CENTERBROOK DR
BRANDON FL 33511**

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 607.0502 and 607.1508, 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 607.0505, 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	President
NAME	Roger L. Vernoy
STREET ADDRESS	801 Margaret Drive
CITY - ST - ZIP	Seffner, Florida 33584
TITLE	Treasurer
NAME	Howard B. Revelle
STREET ADDRESS	920 Centerbrook Drive
CITY - ST - ZIP	Brandon, Florida 33511
TITLE	Director/Facilities & Equipment
NAME	Noel R. Ooley
STREET ADDRESS	1201 Croydonwood Circle
CITY - ST - ZIP	Brandon, Florida 33510
TITLE	Director/Concession Operations
NAME	Judy L. Hart
STREET ADDRESS	4709 Beachmont Drive
CITY - ST - ZIP	Valrico, Florida 33594
TITLE	Director, Pony Operations
NAME	Dawn A. Franklin
STREET ADDRESS	1013 Oakhill Street
CITY - ST - ZIP	Seffner, Florida 33584
TITLE	Director
NAME	Peter R. Gaudion
STREET ADDRESS	1909 Firethorn Court
CITY - ST - ZIP	Brandon, Florida 33511

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	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 assignee 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:

Howard B. Revelle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Howard B. Revelle, Treasurer

3/8/95

(813) 980-0174