FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003451 (1)**

1. Corporation Name

THE KIWANIS HORSES FOR HANDICAPPED FOUNDATION OF PINELLAS COUNTY, INC.

Principal Place of Business	Mailing Address
1949 LOS LOMAS DRIVE CLEARWATER FL 34623	1949 LOS LOMAS DRIVE CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:
4. FEI Number: [X] 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 [X] — $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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TRAUTWEIN, KATHI
1949 LOS LOMAS DRIVE
CLEARWATER FL 34623

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 Kathleen H. Trautwein Kathleen H. Trautwein Director 4/19/95
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	D	11 TITLE		[ ] Change [ ] Addition
NAME	HARRIS, D E	12 NAME		
STREET ADDRESS	12617 83RD AVENUE NORTH	13 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34646	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		[ ] Change [ ] Addition
NAME	LYONS, JACKIE	22 NAME		
STREET ADDRESS	7701 STARKEY ROAD STE. 521	23 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34647	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		[ ] Change [ ] Addition
NAME	BERNSTEIN, HARVEY	32 NAME		
STREET ADDRESS	7300 SUN ISLAND DRIVE STE. 1603	33 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33707	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		[ ] Change [ ] Addition
NAME	TRAUTWEIN, KATHI	42 NAME		
STREET ADDRESS	1949 LOS LOMAS DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34623	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		[ ] Change [ ] Addition
NAME	VANCLEAVE, CHUCK	52 NAME		
STREET ADDRESS	8259 132ND STREET NORTH	53 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34646	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		[ ] Change [ ] Addition
NAME	FRYE, GEORGE	62 NAME		
STREET ADDRESS	1001 STARKEY ROAD	63 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34641	64 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 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.

SIGNATURE: Kathleen H. Trautwein Kathleen H. Trautwein 4/19/95 813-4720438
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0064562