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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34623-4117

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report: 02/22/1996

2. Principal Place of Business
21 1001 Starkey Rd.
22 Suite, Apt. #, etc. Lot 73
23 City & State Largo, FL
24 Zip 33771 25 Country USA

2a. Mailing Address
26 1001 Starkey Rd.
27 Suite, Apt. #, etc. Lot 73
28 City & State Largo, FL
29 Zip 33771 30 Country USA

4. FEI Number: 59-3259486 ☐ 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

TRAUTWEIN, KATHI
1949 LOS LOMAS DRIVE
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name: Patricia L. Harris
82 Street Address (P.O. Box Number is Not Acceptable): 1001 Starkey Rd. Lot 73
83
84 City: Largo FL 85 Zip Code: 33771

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: Patricia L. Harris, Sec. Patricia L. Harris 1/5/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, D E 12617 83RD AVENUE NORTH SEMINOLE FL 34646	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D Harris, D. E. 1001 Starkey Rd., Lot 73 Largo, FL 33771	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYONS, JACKIE 7701 STARKEY ROAD STE. 521 SEMINOLE FL 34647	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/D Raymond, Wayne 9827 Ashley Drive Seminole, FL 33772	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNSTEIN, HARVEY 7300 SUN ISLAND DRIVE STE. 1803 ST. PETERSBURG FL 33707	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/D Harris, Patricia L. 1001 Starkey Rd., Lot 73 Largo, FL 33771	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRAUTWEIN, KATHI 1949 LOS LOMAS DRIVE CLEARWATER FL 34623	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T/D Bernstein, Harvey 7300 Sun Island Drive,#1803 St. Petersburg, FL 33707	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRYE, GEORGE 1001 STARKEY ROAD LARGO FL 36841	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Frye, George 1001 Starkey Rd., Lot 257 Largo, FL 33771	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Dabrowski, Pete 2438 - 12th Ave. SW Largo, FL 33770	☐ Change XX Addition

CR2E037 (9/96)

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.

SIGNATURE: Patricia L. Harris, Sec. REQUIRED 1/5/97 (813)539-0455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0067531