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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003451**

1. Corporation Name

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

103158 · 90084 · 16

Principal Place of Business	Mailing Address
1001 STARKEY RD LOT 73 LARGO FL 33771 US	1001 STARKEY RD LOT 73 LARGO FL 33771 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/11/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3259486 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HARRIS, PATRICIA L
1001 STARKEY RD. LOT 73
LARGO FL 33771

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, D E		1.2 NAME		
STREET ADDRESS	1001 STARKEY RD., LOT 73		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	RAYMOND, WAYNE		2.2 NAME	Peter Dabrowski	
STREET ADDRESS	9827 ASHLEY DRIVE		2.3 STREET ADDRESS	1176 N. Buena Vista	
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP	Dunedin, FL 33764	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BERNSTEIN, HARVEY		3.2 NAME	Mario Locascio	
STREET ADDRESS	7300 SUN ISLAND DRIVE STE. 1803		3.3 STREET ADDRESS	8696 112th St. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33707		3.4 CITY-ST-ZIP	Seminole, FL 33772	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BERNSTEIN, HARVEY		4.2 NAME		
STREET ADDRESS	7300 SUN ISLAND DRIVE #1803		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRYE, GEORGE		5.2 NAME		
STREET ADDRESS	1001 STARKEY RD., LOT 257		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, PATRICIA L.		6.2 NAME		
STREET ADDRESS	1001 STARKEY RD. LOT 73		6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: P. SIGNATURE REQUIRED Debbie Harris, President 1/11/99 (727)539-0455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #