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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAY 24 PM 12:36

DOCUMENT # **N94000003531 (0)**

1. Corporation Name
MARTIN COUNTY HORSEMAN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15858 SE 150TH STREET INDIANTOWN FL 34956	15858 SE 150TH STREET INDIANTOWN FL 34956

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0496118 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 16252 SW Morgan St.	Suite, Apt. #, etc. 27 P.O. Box 882
City & State 23 Indiantown, FL 34956	City & State 28 Indiantown, FL 34956
Zip / Country 24 / 25	Zip / Country 29 / 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRATON, JOHNIE M 15858 SE 150TH STREET INDIANTOWN FL 34956	81 Name: Johnie M. Craton 82 Street Address (P.O. Box Number is Not Acceptable): 16252 SW Morgan Street 83 84 City: Indiantown, FL **FL** 85 Zip Code: 34956

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: Johnie M. Craton — April 26, 1995
Signature, typed or printed name of registered agent and title if applicable — DATE
(CFC Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director	11 TITLE	Director ☐ Change ☐ Addition
NAME	Johnie M. Craton	12 NAME	Sue Alsip
STREET ADDRESS	16252 SW Morgan Street	13 STREET ADDRESS	23101 SW Cardamine Street
CITY-ST-ZIP	Indiantown, FL 34956	14 CITY-ST-ZIP	Indiantown, FL 34956
TITLE	Vice President/Director	21 TITLE	Director ☐ Change ☐ Addition
NAME	Dennis Driggers	22 NAME	Barbara Mansey
STREET ADDRESS	Star Route Box 1160	23 STREET ADDRESS	8027 SW 33rd Street
CITY-ST-ZIP	Canal Point, FL 33438	24 CITY-ST-ZIP	Palm City, FL 34990
TITLE	Secretary/Director	31 TITLE	Director ☐ Change ☐ Addition
NAME	Patricia L. Spaulding	32 NAME	Gale Maine
STREET ADDRESS	95 SE Superior Way	33 STREET ADDRESS	15338 SW 150th Street
CITY-ST-ZIP	Stuart, FL 34997	34 CITY-ST-ZIP	Indiantown, FL 34956
TITLE	Treasurer/Director	41 TITLE	☐ Change ☐ Addition
NAME	Kerri Archibald	42 NAME	
STREET ADDRESS	4343 Chesapeake Bay Drive	43 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL 34997	44 CITY-ST-ZIP	
TITLE	Director	51 TITLE	☐ Change ☐ Addition
NAME	Hope F. DiCondina	52 NAME	
STREET ADDRESS	4446 SE Nimrod Lane	53 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL 34997	54 CITY-ST-ZIP	
TITLE	Director	61 TITLE	☐ Change ☐ Addition
NAME	Derek Ackerly	62 NAME	
STREET ADDRESS	7000 SW Foxbrown Road	63 STREET ADDRESS	
CITY-ST-ZIP	Indiantown, FL 34956	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: Patricia L. Spaulding, Secretary/Director — April 26, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED — Date
Patricia L. Spaulding, Secretary/Director — (407)288-5927 Area #

0048878