

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003531 (0)

1. Corporation Name

MARTIN COUNTY HORSEMAN'S ASSOCIATION, INC.

Principal Place of Business

16252 SW MORGAN ST
INDIANTOWN FL 34956
US

Mailing Address

P O BOX 882
INDIANTOWN FL 34956
US



3. Date Incorporated or Qualified

07/18/1994

3a. Date of Last Report

05/24/1995

4. FEI Number

65-0496118

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRATON, JOHNNIE M
16252 SW MORGAN ST
INDIANTOWN FL 34956

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

Johnnie M. Craton

Johnnie M. Craton

(NOTE: Registered Agent signature required when reappointing)

X MARCH 26 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CRATON, JOHNNIE M
STREET ADDRESS 16252 SW MORGAN ST
CITY-ST-ZIP INDIANTOWN FL

TITLE VPD ☐ DELETE

NAME DRIGGERS, DENNIS
STREET ADDRESS STAR RT BOX 1160
CITY-ST-ZIP CANAL POINT FL

TITLE SD ☐ DELETE

NAME SPAULDING, PATRICIA L
STREET ADDRESS 95 SE SUPERIOR WAY
CITY-ST-ZIP STUART FL

TITLE TD ☐ DELETE

NAME ARCHIBALD, KERRI
STREET ADDRESS 4343 CHESAPEAKE BAY DR
CITY-ST-ZIP STUART FL

TITLE D ☐ DELETE

NAME DICONDINA, HOPE F
STREET ADDRESS 4446 SE NIMROD LANE
CITY-ST-ZIP STUART FL

TITLE D ☐ DELETE

NAME ACKERLY, DEREK
STREET ADDRESS 7000 SW FOXBROWN RD
CITY-ST-ZIP INDIANTOWN FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SPAULDING, Patricia L.

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)(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 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, S/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia L. Spaulding, S/D

3/22/96 (407)288-

Date

Daytime Phone # 5953

CR2E037 (12/95)