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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 002
INDIANTOWN FL 34956-0002
US**



3. Date Incorporated or Qualified **07/18/1994** 3a. Date of Last Report **04/12/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0496118	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

**CRATON, JOHNNIE M
16252 SW MORGAN ST
INDIANTOWN FL 34956**

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

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRATON, JOHNNIE M	1.2 NAME	
STREET ADDRESS	16252 SW MORGAN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIGGERS, DENNIS	2.2 NAME	
STREET ADDRESS	STAR RT BOX 1160	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANAL POINT FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAULDING, PATRICIA L.	3.2 NAME	
STREET ADDRESS	95 SE SUPERIOR WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHIBALD, KERRI	4.2 NAME	
STREET ADDRESS	4343 CHESAPEAKE BAY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICONDINA, HOPE F	5.2 NAME	
STREET ADDRESS	4446 SE NIMROD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKERLY, DEREK	6.2 NAME	
STREET ADDRESS	7000 SW FOXBROWN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	6.4 CITY-ST-ZIP	

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. Spaulding* **(561) 288-5524**
Patricia L. Spaulding 4/27/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0071143**

CR2E037 (9/96)