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NONPROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N94000003531 (0)

MARTIN COUNTY HORSEMAN'S ASSOCIATION, INC.

2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. FEI Number 65-0496118 Suite, Apt. #, etc. 3. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 7. City & State 6. Election Campaign Financing 7. Trust Fund Contribution 7. Country 8. This corporation has liability for intengible ta Florida Statutes 7. For dis Statutes 7. Press Fund Contribution 7. Certificate of Status Desired 7. Country 8. This corporation has liability for intengible ta Florida Statutes 7. Press Fund Contribution 7. Certificate of Status Desired 8. Florida Statutes 7. Press Fund Contribution 7. Certificate of Status Desired 8. This corporation has liability for intengible ta Florida Statutes 7. Press Fund Contribution 7. Certificate of Status Desired 4. Florida Statutes 7. Press Fund Contribution 7. Certificate of Status Desired 4. Florida Statutes 7. Certificate of New Registered 4. Press 7. Certificate of Status Desired 4. Florida Statutes 7. Certificate of New Registered 4. Florida Statutes 7. Certificate of New Registered 4. City 7. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Certificate of New Registered 4. Florida Statutes 7. Certificate of New Registered 4. Florida Statutes 8. This corporation submits this statement for the purpose of of office or registered agent, or both, in the State of Florida Statutes 8. Certificate of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signalure typed or printed rame of registered agent and tile if applicable 7. Certificate 4. This first 8. Additions 7. Certificate 7. This first 8. Additions 7. This first 8. Additions 7. This first 8. This f	No ent State
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STREET ADDRESS STAR RT BOX 1160 2.3 STREET ADDRESS	
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NAME SPAULDING, PATRICIA L. 32 NAME	
STREET ADDRESS 95 SE SUPERIOR WAY 3.3 STREET ADDRESS	
CITY-ST-ZIP STUART FL 3.4.CITY-ST-ZIP TITLE TD L DELETÉ 4.1 TITLE L	Change Addition
NAME ARCHIBALD, KERRI 4.2 NAME	Township The Manual
STREET ADDRESS 4343 CHESAPEAKE BAY DR 43 STREET ADDRESS	
CITY-ST-ZIP STUART FL 44 CITY-ST-ZIP	
TOLE D DELETE 5.1 TITLE	Change 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	
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NAME ACKERLY, DEREK STREET ADDRESS 7000 SW FOXBROWN RD 6.2 NAME 6.3 STREET ADDRESS	Change Addition
STREET ADDRESS 7000 SW FUXBRUWN RU 6.3 STREET ADDRESS CITY-ST-ZIP INDIANTOWN FL 6.4 CITY-ST-ZIP	Change Addition

(561) 288-5524 atricia L. Spaulding 4/27/97 SIGNATURE

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 regarder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name