FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

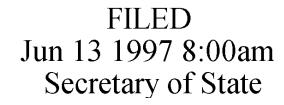
N95000000977 (7)

SOUTHEASTERN NATIONAL SHOW HORSE ASSOCIATION, IN

Principal Place of Business AAAA CAAT INALEMAY MA

Mailing Address

1441 FAST HIGHWAY SIR





CITRA FL 3211		CITRA FL 32113					
					3. Date Incorporated or Qualified 02/23/1995	3a. Date o	f Last Report /01/1996
	ace of Business	2a, Mailing Address		4. FEt Number 59-3308440		Applied For	
21		26]		09-0300440		Not Applicab	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$	8.75 Additional Fee Required	
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for	intangible tax	under s. 199.032,
24	25	29	30			Yes N	
	9, Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Age	nt
			81	Name			
	& VENDITTELLI P.A.		82	Street Add	dress (P.O. Box Number is Not Acceptate	ole)	
	AMI CENTER		Ľ				
	BISCAYNE BLVD.		83	3			
miami f	L 33131		84	City		- 8	5 Zip Code
				J		-	,
	egistered agent, or both, in the State m familiar with, and accept the oblige	of Florida. Such change was ations of, Section 617.0503, F	authorized b Torida Statute	by the corpora es.	rporation submits this statement for the patients of directors. I hereby acceptions	pt the appoint	ment as registered
SIGNATURE _	Signature, typed or printed name of registered age	int and title if applicable. (NC	TE: Registered Ag	geni signalure req	ulred when reinstaling)	DATE	
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DI	RECTORS IN 12
TITLE	D MILLIGAN	☐ DELETE	1.1 TITLE				Change
NAME	-FUREY , MÍSDEE		1.2 NAME				
STREET ADDRESS	1441 E. HIGHWAY 316		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	CITRA FL 32113		1.4 C(TY-	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE				Change Addition
NAME	Sheehe, Phillip J		2.2 NAME				
STREET ADDRESS	201 S. BISCAYNE BLVD.		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-	ST-ZIP			
TITLE	D	DELETE	3.1 TITLE				Change
NAME	ALFORD, RICK		3.2 NAME	į			
STREET ADDRESS	4704 LAKEWOOD DRIVE		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	SEFFNER FL 33584		3.4. CITY	-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE			LI	Change
NAME	RATH, DORI A.		4. 2 NAMI	· [
STREET ADDRESS	338 6TH AVE. W.		4.3 STREE	1 ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34205		4.4 CITY-	ST-2IP			
TITLE		☐ DELETE	5.1 TITLE				Change
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
City-St-ZIP			5.4 City-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	-	· . _	Ļ	Change Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
dd Lab baret		ductible their dillings where more over	U.C. Ann the ann		alia Castias 410 07/000 Flavida Crotida	a I fustbas and	C.C. Alband Alban

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 Blook 12 or Block 13 if changed, or on an attachment with an address.