

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000977 (7)

1. Corporation Name
SOUTHEASTERN NATIONAL SHOW HORSE ASSOCIATION, INC.



Principal Place of Business 1441 EAST HIGHWAY 316 CITRA FL 32113	Mailing Address 1441 EAST HIGHWAY 316 CITRA FL 32113
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3. Date Incorporated or Qualified 02/23/1995
4. FEI Number 59-3308440
Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

SHEEHE & VENDITTELLI P.A.
1800 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLIGAN, MISDEE	1.2 NAME	Kathy Milavic
STREET ADDRESS	1441 E. HIGHWAY 316	1.3 STREET ADDRESS	4450 NW 74th Terrace
CITY-ST-ZIP	CITRA FL	1.4 CITY-ST-ZIP	Ocala, FL 34482
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEEHE, PHILLIP J	2.2 NAME	Tom Harmony
STREET ADDRESS	201 S. BISCAYNE BLVD.	2.3 STREET ADDRESS	PO Box 560869
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	Rockledge, FL 32956
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, RICK	3.2 NAME	
STREET ADDRESS	4704 LAKEWOOD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATH, DORI A.	4.2 NAME	
STREET ADDRESS	338 6TH AVE. W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Misdeee Milligan MISDEE MILLIGAN 1/11/97 352-595-7292

CP2E037 (10/97)