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Apr 18 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 # **N95000001264 (9)**

1. Corporation Name

FLORIDA HORSE TRAINERS ASSOCIATION, INC.

Principal Place of Business

**22115 LAKE LINDSEY ROAD
BROOKSVILLE FL 34801**

Mailing Address

**22115 LAKE LINDSEY ROAD
BROOKSVILLE FL 34801-4422**

3. Date Incorporated or Qualified
03/15/1995

3a. Date of Last Report
05/21/1996

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

4. FEI Number

59-3306962

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PINSON, TRACY L
22115 LAKE LINDSEY ROAD
BROOKSVILLE FL 34801**

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

Tracy L Pinson

(NOTE: Registered Agent signature required when reinstating)

4/10/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **ST
PINSON, TRACY L**
STREET ADDRESS **22115 LAKE LINDSEY ROAD**
CITY - ST - ZIP **BROOKSVILLE FL 34801**

TITLE ☐ DELETE

NAME **P
SKALA-CARL, SHERYL**
STREET ADDRESS **18001 STIRLING RD.**
CITY - ST - ZIP **FT. LAUDERDALE FL 33331**

TITLE ☐ DELETE

NAME **D
TEFFT, SASHA**
STREET ADDRESS **18001 STIRLING RD.**
CITY - ST - ZIP **FT. LAUDERDALE FL 33331**

TITLE ☐ DELETE

NAME **D
ROGERS, DAVID**
STREET ADDRESS **5041 REECE RD.**
CITY - ST - ZIP **PLANT CITY FL 33567**

TITLE ☐ DELETE

NAME **V
CONKLE, WAYNE**
STREET ADDRESS **22115 LAKE LINDSEY**
CITY - ST - ZIP **BROOKSVILLE FL 34801**

TITLE ☐ DELETE

NAME **D
MOONINGHAM, BILLY JOE**
STREET ADDRESS **9510 38TH AVE. E.**
CITY - ST - ZIP **PALMETTO FL 34221**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Wayne Conkle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

352/796-7266
Date Daytime Phone # 0066274

CR2E037 (9/96)