

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004137 (4)

1. Corporation Name

FLORIDA STANDARD BRED ADOPTION FOUNDATION, INC.



Principal Place of Business

Mailing Address

15601 STATE ROAD 70 LOT 114
OKEECHOBEE FL 34974

15601 STATE ROAD 70 LOT 114
OKEECHOBEE FL 34974

3. Date Incorporated or Qualified
08/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **32424 Northeast 4th Drive**
Suite, Apt. #, etc.

26 **32424 Northeast 4th Drive**
Suite, Apt. #, etc.

22 City & State
Okeechobee, Florida

27 City & State
Okeechobee, Florida

23 Zip
34972

28 Zip
34972

4. FEI Number

☒ 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

**WALDERA, CHRISTOPHER B
1225 SE 2 AVE
FT LAUDERDALE FL 33316**

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

TITLE **PD** ☐ DELETE
NAME **CAVANAUGH, PATRICIA**
STREET ADDRESS **15601 STATE ROAD 70 W LOT 114**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **SD** ☐ DELETE
NAME **HAMMEL, NELLIE**
STREET ADDRESS **960 CRUSTAL LAKE DR APT 205**
CITY-ST-ZIP **POMPANO BEACH FL 33064-1922**

TITLE **TD** ☐ DELETE
NAME **HEATER, RONALD**
STREET ADDRESS **5285 NE 122 DR**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

**32424 N.E. 4th DRIVE
Okeechobee FL 34972**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**Treasurer
5285 NE 122 Dr
Okeechobee FL 34972**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/96 763-6205

CR2E037 (12/95)