

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N95000005634 (9)**

1. Corporation Name

WOMEN'S EQUINE NETWORK, INC.

Principal Place of Business

**6601 WEST HIGHWAY 40
OCALA FL 34482**

Mailing Address

**6601 WEST HIGHWAY 40
OCALA FL 34482**3. Date Incorporated or Qualified
11/27/19953a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 **9628 SW 74th AVE**
23 **OCALA FL.****26** **PO BOX 770533**
27 **OCALA FLORIDA**
28 **34477****24** **34476** **25** **USA****29** **34476** **30** **USA**4. FEI Number
59-3349938Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. 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

**STANTON, BARBARA
9628 SW 74TH AVENUE
OCALA FL 34476**

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

Barbara Stanton
Signature, typed or printed name of registered agent and title if applicable*Barbara Stanton Vice Pres.*
(NOTE: Registered Agent signature required when reinstating)**3/21/97**
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **TEEGARDEN, TINA**
STREET ADDRESS **POST OFFICE BOX 5429**
CITY-ST-ZIP **OCALA FL 34478**1.1 TITLE **SD** ☐ Change ☒ Addition
1.2 NAME **Melvin Kim**
1.3 STREET ADDRESS **4852 NW 62nd Ave**
1.4 CITY-ST-ZIP **Ocala, FL 34482**TITLE **SD** ☒ DELETE
NAME **LUCERNE, EVE**
STREET ADDRESS **11355 SW CITY. HIGHWAY 484**
CITY-ST-ZIP **DUNNELLON FL 34432**2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **Wagner, Karen**
2.3 STREET ADDRESS **411 NW 106th Ave**
2.4 CITY-ST-ZIP **Ocala, FL 34482**TITLE **TD** ☐ DELETE
NAME **STANTON, BARBARA**
STREET ADDRESS **9628 SW 74TH AVENUE**
CITY-ST-ZIP **OCALA FL 34476**3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME **Stanton, Barbara**
3.3 STREET ADDRESS **9628 SW 74 Ave**
3.4 CITY-ST-ZIP **Ocala, FL 34476**TITLE **VD** ☐ DELETE
NAME **BERK, KAREN**
STREET ADDRESS **6825 SW 65TH AVENUE**
CITY-ST-ZIP **OCALA FL 34476**4.1 TITLE **PD** ☒ Change ☐ Addition
4.2 NAME **Berk, Karen**
4.3 STREET ADDRESS **504 SE 35 AVE**
4.4 CITY-ST-ZIP **OCALA, FL 34471**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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:

*Karen Sue Berk P.D.**March 21, 97 (352) 694-4747*

CP2E037 (9/96)