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FILED

Sep 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

DOCUMENT # N95000005634 (9)

1. Corporation Name

WOMEN'S EQUINE NETWORK, INC.



Principal Place of Business

Mailing Address

9628 SW 74TH AVE
OCALA FL 34476
US

PO BOX 770533
OCALA FL 34477
US

2. Principal Place of Business

2a. Mailing Address

21 504 SE 35 AVE

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

OCALA FL

29 City & State

24 Zip 34471 25 Country USA

29 Zip 30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/27/1995

4. FEI Number

59-3349938

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

STANTON, BARBARA
9628 SW 74TH AVENUE
OCALA FL 34476

81 Name KAREN BERK

82 Street Address (P.O. Box Number is Not Acceptable)

504 SE 35 AVE

83

84 City OCALA

FL

85 Zip Code 34471

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

Karen Berk, President

Mar 10, 98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MELVIN, KIM	
STREET ADDRESS	4852 NW 62 AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, KAREN	
STREET ADDRESS	411 NW 106 AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STANTON, BARBARA	
STREET ADDRESS	9628 SW 74TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERK, KAREN	
STREET ADDRESS	504 SE 35 AVE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Karen Seals-Wagner	
1.3 STREET ADDRESS	411 NW 106 TH Avenue	
1.4 CITY-ST-ZIP	OCALA, FL 34482	
2.1 TITLE	ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BONITA L. FELL	
2.3 STREET ADDRESS	14300 S. Hwy. 475	
2.4 CITY-ST-ZIP	Summerfield, FL 34491	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LIZETTE INGERSOLL	
3.3 STREET ADDRESS	P.O. Box 2314	
3.4 CITY-ST-ZIP	OCALA FL 34478	N/A
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	← REMAIN PD	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	CSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Christine M. Garlik	
5.3 STREET ADDRESS	P.O. Box 771749	N/A
5.4 CITY-ST-ZIP	OCALA, FL 34477-1749	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	3000002643079	
6.3 STREET ADDRESS	-03/18/98--01039--017	
6.4 CITY-ST-ZIP	***61.25	PE 9.16

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

Karen Berk, President *Mar 10, 98*

CR2E037 (10/97)