

**FILE NOW: FILING FEE IS \$61.25**

**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 74<sup>TH</sup> AVE  
OCALA FL 34476  
85

PO BOX 770533  
OCALA FL 34477  
US

3. Date Incorporated or Qualified

11/27/1995

4. FEI Number

59-3349938

Applied For  
Not Applicable

2. Principal Place of Business

21 **504 SE 35 AVE**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **OCALA FL.**

27 City & State

28

24 Zip

25 **34471**

Country

26 **USA**

29 Zip

30

Country

30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$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

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 **KAREN BERK**

82 Street Address (P.O. Box Number is Not Acceptable)  
**504 SE 35 AVE**

83  
84 City **OCALA**

85 FL 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*

DATE **MAR 10, 98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD**  DELETE  
NAME **MELVIN, KIM**  
STREET ADDRESS **4852 NW 62 AVE**  
CITY-ST-ZIP **OCALA FL**

1.1 TITLE **RSD**  Change  Addition  
1.2 NAME **Karen Seals-Wagner**  
1.3 STREET ADDRESS **411 NW 106<sup>TH</sup> Avenue**  
1.4 CITY-ST-ZIP **Ocala, FL 34482**

TITLE **TD**  DELETE  
NAME **WAGNER, KAREN**  
STREET ADDRESS **411 NW 106 AVE**  
CITY-ST-ZIP **OCALA FL**

2.1 TITLE **ID**  Change  Addition  
2.2 NAME **BONITA L. FELL**  
2.3 STREET ADDRESS **14300 S. HWY. 475**  
2.4 CITY-ST-ZIP **Summerfield, FL 34491**

TITLE **VD**  DELETE  
NAME **STANTON, BARBARA**  
STREET ADDRESS **9628 SW 74TH AVENUE**  
CITY-ST-ZIP **OCALA FL**

3.1 TITLE **VD**  Change  Addition  
3.2 NAME **LIZETTE INGERSOLL**  
3.3 STREET ADDRESS **P.O. Box 2314**  
3.4 CITY-ST-ZIP **OCALA FL 34478** **N/A**

TITLE **PD**  DELETE  
NAME **BERK, KAREN**  
STREET ADDRESS **504 SE 35 AVE**  
CITY-ST-ZIP **OCALA FL**

4.1 TITLE  Change  Addition  
4.2 NAME **← REMAIN PD**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **CSD**  Change  Addition  
5.2 NAME **Christine M. Gaalik**  
5.3 STREET ADDRESS **P.O. Box 771749** **N/A**  
5.4 CITY-ST-ZIP **OCALA, FL 34477-1749**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **3000002643079**  
6.2 NAME **-03/18/98--01039--017**  
6.3 STREET ADDRESS **\*\*\*61.25** **PE**  
6.4 CITY-ST-ZIP **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 *[Handwritten signatures]*

CR2E037 (10/97)