

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005634**

1. Corporation Name

WOMEN'S EQUINE NETWORK, INC.

Principal Place of Business

504 SE 35 AVE
OCALA FL 34471
US

Mailing Address

PO BOX 770533
OCALA FL 34477
US

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90005 036 ****61.25



2. Principal Place of Business

21 **14300 S. Hwy. 475**

2a. Mailing Address

26 **Same AS Above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Summerfield, FL**

City & State

28 **FL**

Zip

24 **34491**

Country

25 **Marion**

Zip

29 **30**

Country

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BERK, KAREN
504 SE 35 AVE
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name **Bonita L. FELL**

82 Street Address (P.O. Box Number is Not Acceptable)
14300 S. Hwy. 475

83

84 City **Summerfield**

FL

85 Zip Code

34491

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

Bonita L. Fell

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 **RSD** ☐ DELETE
NAME **SEALS-WAGNER, KAREN**
STREET ADDRESS **411 NW 106TH AVE**
CITY-ST-ZIP **OCALA FL 34482**

TITLE **TD** ☒ DELETE
NAME **FELL, BONITA L**
STREET ADDRESS **14300 S. HWY 475**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **VD** ☒ DELETE
NAME **INGERSOLL, LIZETTE**
STREET ADDRESS **P.O. BOX 2314 N/A**
CITY-ST-ZIP **OCALA FL 34478**

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

TITLE **CSD** ☒ DELETE
NAME **GARLIK, CHRISTINE M**
STREET ADDRESS **P.O. BOX 771749 N/A**
CITY-ST-ZIP **OCALA FL 34477-1749**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **RSD** ☒ Change ☐ Addition
1.2 NAME **Michele Specht**
1.3 STREET ADDRESS **STAYS The Same**
1.4 CITY-ST-ZIP **Summerfield, FL 34491**

2.1 TITLE **PD** ☒ Change ☐ 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** ☐ Change ☐ Addition
3.2 NAME **GARLIK, Christine**
3.3 STREET ADDRESS **P.O. Box 771749**
3.4 CITY-ST-ZIP **OCALA, FL 34477-1749**

4.1 TITLE **PD** ☐ Change ☐ Addition
4.2 NAME **Bonita L. FELL**
4.3 STREET ADDRESS **14300 S. Hwy 475**
4.4 CITY-ST-ZIP **Summerfield, FL 34491**

5.1 TITLE **VD** ☒ Change ☐ Addition
5.2 NAME **GARLIK, CHRISTINE M**
5.3 STREET ADDRESS **P.O. BOX 771749 N/A**
5.4 CITY-ST-ZIP **OCALA, FL 34477-1749**

6.1 TITLE **TD** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Bonita L. Fell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-99 352-307-8417
Date Daytime Phone #

0070595

CR2E037 (1/98)