

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

97 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000731 (7)

1. Corporation Name

TALQUIN RIDING FOR THERAPY, INC.



Principal Place of Business

Mailing Address

ROUTE 1, BOX 3159
HAVANA FL 32333

ROUTE 1, BOX 3159
HAVANA FL 32333-0783

3. Date Incorporated or Qualified
02/12/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

HAZUP, JAYNE
ROUTE 1, BOX 3159
HAVANA FL 32333

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 upon reinstating)

DATE

Jayne H. Hazzup, Registered Agent JAYNE HAZUP 4-21-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME WEINSTEIN, CYNDI
STREET ADDRESS 8836 OAK FOREST TRAIL
CITY - ST - ZIP TALLAHASSEE FL 32312

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP 200002167992--1

TITLE ☐ DELETE
NAME HAZUP, JAYNE
STREET ADDRESS ROUTE 1, BOX 3159
CITY - ST - ZIP HAVANA FL 32333

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP -05/06/97--01106--008
*****61.25 *****61.25

TITLE ☒ DELETE
NAME MCMICHAEL, MARY
STREET ADDRESS 1101 PINE AVENUE
CITY - ST - ZIP QUINCY FL 32351

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME BARRETT-ELMER, JUDY
STREET ADDRESS 1817 BRIDGEMONT TRAIL
CITY - ST - ZIP TALLAHASSEE FL 32312

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME WILLIAMS, JANIS
STREET ADDRESS 1820 GRIMES LANE
CITY - ST - ZIP TALLAHASSEE FL 32303

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME STEPHENS, KIM
STREET ADDRESS 10597 VALENTINE ROAD NORTH
CITY - ST - ZIP TALLAHASSEE FL 32311

6.1 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jayne H. Hazzup, TREASURER 4-21-97 904-589-0176

Date

Daytime Phone #0008857

CP2E037 (9/96)