

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004884 (0)**
1. Corporation Name

PALM CITY COW HORSE ASSOCIATION, INC.



Principal Place of Business 2201 SE INDIAN ST. H-13 STUART FL 34997	Mailing Address PO BOX 81-5700 SW Sunshine PALM CITY FL 34991-0081 Farms Way
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3. Date Incorporated or Qualified **09/19/1996** 3a. Date of Last Report

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0711513	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HENDRY, GARY
2201 SE INDIAN ST. H-13
STUART FL 34997**

10. Name and Address of New Registered Agent
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  DATE **4-27-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	HENDRY, GARY
STREET ADDRESS	5700 SW SUNSHINE FARMS WAY
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	D <input type="checkbox"/> DELETE
NAME	HENDRY, MARCIA
STREET ADDRESS	5700 SW SUNSHINE FARMS WAY
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	D <input type="checkbox"/> DELETE
NAME	GRIER, MIKE
STREET ADDRESS	5985 SW WOODHAM ST
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	PD <input type="checkbox"/> DELETE
NAME	GRZELKA, MIKE
STREET ADDRESS	5704 SW MARTIN COMMONS WAY
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	TD <input type="checkbox"/> DELETE
NAME	VANATER, MICHELE
STREET ADDRESS	5802 SW MISTLETOE LANE
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	SD <input type="checkbox"/> DELETE
NAME	FLAUGH, KIM R
STREET ADDRESS	PO BOX 2420
CITY-ST-ZIP	PALM CITY FL 34991

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Abell
1.3 STREET ADDRESS	6660 S.W. Gator Trail
1.4 CITY-ST-ZIP	Palm City FL 34990
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

CR2E037 (9/96)