FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State y
DIVISION OF CORPORATIONS

DOCUMENT # N9700004629 (8)

SPORT HORSE OWNERS AND BREEDERS ASSOCIATION, INC.

Mailing Address

8753 THOMASVILLE RD., SUITE 108-241 6753 THOMASVILLE RD., SUITE 108-241 3. Date Incorporated or Qualified TALLAHASSEE FL 32312-3837 TALLAHASSEE FL 32312-3837 08/14/1997 4. FEI Number Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? \mathbf{X}^{N_0} Yes 23 28 Zip Zip Country 8. This corporation owes or has paid the current year Intapgible 29 30 Personal Property Tax due June 30. Yes Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRANK, CHERYLL M 82 Street Address (P.O. Box Number is Not Acceptable) 1309 MANOR HOUSE DR. TALLA IASSEE FL 32312 83 84 City Zip Code 85 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 event or corporation 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 **SIGNATURE** OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President jobers DELETE Change TITLE 1.1 TITLE NAME 1.2 NAME Alhen Road, Box 284 1.3 STREET ADDRESS STREET ADDRESS 30647 CITY-\$T-ZIP 1.4 CITY - ST - ZIP TITLE ice- President DELETE 21 TITLE Change Addition Patricia K. Blanton (0) 4601 Killimore Lane NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Tallahassee FL 32308 CITY-ST-ZIP 2. 4 CITY-ST-ZIP sec.-Treas. TITLE DELETE Change Addition 31 TITLE Cheryll M. Frank (D) 1304 Manor House Dr. NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS Tallahassee FL 32312 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME**

14. Thereby 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 or an appears with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Cheryl M. Frank

1/11/198

***61.25

293-8532

Addition

FILED

Feb 16 1998 8:00am

Secretary of State