

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000000546

1. Entity Name  
SUNCOAST CUTTING HORSE ASSOC., INC.



Principal Place of Business  
3654 PEPPER LANE  
NEW SMYRNA BEACH, FL 32168

Mailing Address  
3654 PEPPER LANE  
NEW SMYRNA BEACH, FL 32168



05132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3437918

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SCHWAB, ANN MARIE  
3660 PEPPER LANE  
NEW SMYRNA BEACH, FL 32168

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Ann Marie Schwab*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/7/05

DATE

Filing Fee is \$61.25  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SCHWAB, ANN MARIE
STREET ADDRESS	3660 PEPPER LANE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	V
NAME	LOVE, CHUCK
STREET ADDRESS	P.O. BOX 849
CITY-ST-ZIP	JUPITER, FL 33468
TITLE	D
NAME	HEMINGER, MARILYN
STREET ADDRESS	3585 E. WEST COVE CT.
CITY-ST-ZIP	DUNNELLON, FL 34434
TITLE	D
NAME	SOKOL, TED
STREET ADDRESS	3654 PEPPER LN.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	D
NAME	EVANS, RORY
STREET ADDRESS	621 DUNMAR CIRCLE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000371592  
07/08/05-80009-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ann Marie Schwab*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/07/05 386-426-6083