2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State
03-19-2008 90029 005 ***150.00

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1. Entity Name

SUNCOAST CUTTING HORSE ASSOC., INC.

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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1401 U.S. Hwy 17 N. Suite, Apt. #, etc.	1401 U.S. Hwy 17 N, Suite, Apt. #, etc.
City & State: Seville, F.L	City & State: Seville, F.L.
Zip: 32190 Country: U.S.	Zip: 32190 Country: U.S.

4. FEI Number 59-3487918 ☐ 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~~ 1381 U.S Hwy 17 N,
~~NEW SMYRNA BEACH FL 32168~~ Seville, F.L 32190

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHWAB, ANN MARIE 3660 PEPPER LANE NEW SMYRNA BEACH FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition SCHWAB, ANN MARIE 1381 U.S. Hwy 17 N, Seville, F.L. 32190
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LOVE, CHUCK P.O. BOX 849 JUPITER FL 33468	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERSON, NIKKI 3654 PEPPER LN NEW SMYRNA BEACH FL 32168	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition KATHY SOKOL 1401 US Hwy 17 N, Seville, F.L. 32190
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOKOL, TED 3654 PEPPER LN. NEW SMYRNA BEACH FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, RORY 621 DUNMAR CIRCLE WINTER SPRINGS FL 32708	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Pam Scott 18108 Applawood, Clermont, F.L. 34711
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Schwab ANN SCHWAB 2/26/08 386-453-3386