

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -3 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764942 (9)
1. Corporation Name
BIG SCRUB TRAIL RIDERS OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address
**% ALLEN PEARCE
3318 NW 68TH AVE
GAINESVILLE FL 32608** **% ALLEN PEARCE
3318 NW 68TH AVE
GAINESVILLE FL 32608**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/10/1982	3a. Date of Last Report 02/07/1994
4. Fil Number 59-3073454	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> 7A	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for interstate tax under s. 139.022, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State Apt # etc	28 State Apt # etc
22 City & State	29 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent
**PEARCE, E. ALLEN
3318 NW 68TH AVE.
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent	01 Name
	02 Street Address (P.O. Box Number is Not Acceptable)
	03
	04 City
	05 Zip Code

11. Pursuant to the provisions of Sections 617.0602 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 617.0603, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORDEN, KEVIN	12 NAME	
STREET ADDRESS	695 N. ORLANDO AVE.	13 STREET ADDRESS	
CITY ST ZIP	MAITLAND FL 32751	14 CITY ST ZIP	
TITLE	TD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, E. ALLEN	22 NAME	
STREET ADDRESS	3318 NW 68TH AVE	23 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALES, KRISTIE	32 NAME	
STREET ADDRESS	4055 NW GAINESVILLE RD	33 STREET ADDRESS	
CITY ST ZIP	OCALA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLING, KENNETH	42 NAME	
STREET ADDRESS	2277 HWY 41 N	43 STREET ADDRESS	
CITY ST ZIP	INVERNESS FL	44 CITY ST ZIP	
TITLE	VD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICCOM, MIKE	52 NAME	
STREET ADDRESS	2104 NW 31ST AVE.	53 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL 32605	54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director with an address _____

SIGNATURE: *E. Allen Pearce* E. Allen Pearce 6-29-95 904-378-9157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)