

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business Mailing Address
% ALLEN PEAREE
3318 NW 68TH AVE
GAINESVILLE FL 32606

3. Date Incorporated or Qualified 09/10/1982
3a. Date of Last Report 07/03/1995

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-3073454
Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

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

City & State City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEARCE, E. ALLEN
3318 NW 68TH AVE.
GAINESVILLE FL 32606

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LORDEN, KEVIN	
STREET ADDRESS	895 N. ORLANDO AVE.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEARCE, E. ALLEN	
STREET ADDRESS	3318 NW 68TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FALES, KRISTIE	
STREET ADDRESS	4055 NW GAINESVILLE RD	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOLING, KENNETH	
STREET ADDRESS	2277 HWY 41 N	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NICCOM, MIKE	
STREET ADDRESS	2104 NW 31ST AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	President Niccum, Mike
5.3 STREET ADDRESS	2104 Nw 31st Ave
5.4 CITY-ST-ZIP	Gainesville, Fl 32605
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VD Reynolds, Chris
6.3 STREET ADDRESS	6075 SE 110th St
6.4 CITY-ST-ZIP	Belleview, FL 34420

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *E. Allen Pearce* E. Allen Pearce 4-5-96 (352)378-9157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)