


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 16 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764942 (9)**

1. Corporation Name  
**BIG SCRUB TRAIL RIDERS OF CENTRAL FLORIDA, INC.**



Principal Place of Business <b>3473 N.W. 49TH AVE. GAINESVILLE FL 32605 US</b>	Mailing Address <b>3473 N.W. 49TH AVE. GAINESVILLE FL 32605 US</b>
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3. Date Incorporated or Qualified <b>09/10/1982</b>	
4. FEI Number <b>59-3073454</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

9. Name and Address of Current Registered Agent

**PEARCE, E. ALLEN  
 3473 N.W. 49TH AVE.  
 GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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

TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>NIOCCUM, MIKE</b>	
STREET ADDRESS <b>2104 NW 31 AVE</b>	
CITY-ST-ZIP <b>GAINESVILLE FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>PEARCE, E. ALLEN</b>	
STREET ADDRESS <b>3478 N.W. 49TH AVE.</b>	
CITY-ST-ZIP <b>GAINESVILLE FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>FALES, KRISTIE</b>	
STREET ADDRESS <b>4055 NW GAINESVILLE RD</b>	
CITY-ST-ZIP <b>OCALA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MOLING, KENNETH</b>	
STREET ADDRESS <b>2277 HWY 41 N</b>	
CITY-ST-ZIP <b>INVERNESS FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>NIOCCUM, MIKE</b>	
STREET ADDRESS <b>2104 NW 31ST AVE.</b>	
CITY-ST-ZIP <b>GAINESVILLE FL 32605</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>REYNOLDS, CHRIS</b>	
STREET ADDRESS <b>6875 SE 110 ST</b>	
CITY-ST-ZIP <b>BELLEVIEW FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address.

SIGNATURE: *E. Allen Pearce* **E. Allen Pearce** **7-10-98** **352-378-9157**

CR2E037 (5/98)