

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728437

Entity Name: INDIAN HAMMOCK HUNT AND RIDING CLUB, INC.**Current Principal Place of Business:**32801 NORTH US 441
SUITE 400
OKEECHOBEE, FL 34972-0271**Current Mailing Address:**32801 NORTH US 441
SUITE 400
OKEECHOBEE, FL 34972-0271**FEI Number:** 59-1529251**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HACK, SANDRA A
32801 HWY. 441N #66
OKEECHOBEE, FL 34972 US*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.***SIGNATURE:** SANDRA A. HACK

01/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	AIELLO, MARION
Address	32801 HWY. 441N #295
City-State-Zip:	OKEECHOBEE FL 34972
Title	TD
Name	MILLER, COREY
Address	709 SE HIDDEN RIVER DR.
City-State-Zip:	PORT ST. LUCIE FL 34983
Title	VP
Name	MILLER, BILL
Address	32801 NORTH US 441 SUITE 400
City-State-Zip:	OKEECHOBEE FL 34972-0271

Title	VD
Name	WILLIS, TYRA
Address	32801 HWY. 441N #271
City-State-Zip:	OKEECHOBEE FL 34972
Title	SECRETARY
Name	ROBERTS, BARBARA
Address	32801 NORTH US 441 SUITE 400
City-State-Zip:	OKEECHOBEE FL 34972-0271
Title	VD
Name	AIELLO, MARION
Address	32801 HWY. 441N #295
City-State-Zip:	OKEECHOBEE FL 34972

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARION AIELLO**PRESIDENT**

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date