

2014 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:**LYNCH, JOHN W
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:**_____
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	VD
Name	WILLIS, TYRA
Address	32801 HWY. 441N #271
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	SECRETARY
Name	OAKES, KATHLEEN
Address	32801 32801 HWY. 441N #263
City-State-Zip:	OKEECHOBEE FL 34972

Title	VP
Name	PISKURA, RACHEL
Address	32801 HWY. 441N #47
City-State-Zip:	OKEECHOBEE FL 34972

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****02/07/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date