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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701295** (8)

1. Corporation Name

BIG SCRUB TRAIL RIDERS INC

Principal Place of Business

Mailing Address

**40825 BABB RD
UMATILLA FL 32784
US**

**40825 BABB RD
UMATILLA FL 32784
US**



3. Date Incorporated or Qualified

08/11/1960

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No **N/A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEWELL, IRENE
40825 BABB RD
UMATILLA FL 32784**

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 **IRENE R SEWELL ST**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Irene R. Sewell

June 8, 1998

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **HENSON, JAMES**
STREET ADDRESS **3402 34TH ST.**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Jack Davis**
1.3 STREET ADDRESS **# 5 Davis Rd.**
1.4 CITY-ST-ZIP **Pleasant Grove MS 38657**

TITLE **D** ☐ DELETE
NAME **HUDSON, LACEY**
STREET ADDRESS **3625 HEILD RD.**
CITY-ST-ZIP **MELBOURNE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE
NAME **SEWELL, IRENE R**
STREET ADDRESS **40825 BOBB RD**
CITY-ST-ZIP **UMATILLA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **OGLVIE, ALEX**
STREET ADDRESS **1126 SE 180TH ST**
CITY-ST-ZIP **WEIRSDALE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ANDERSON, WILLIE**
STREET ADDRESS **4245 POWELL RD.**
CITY-ST-ZIP **MELBOURNE FL**

5.1 TITLE **1st VP** ☒ Change ☐ Addition
5.2 NAME **Willie Anderson**
5.3 STREET ADDRESS **4245 Powell Rd**
5.4 CITY-ST-ZIP **Melbourne FL 32904**

TITLE **D** ☒ DELETE
NAME **WEATHERFORD, JOHN**
STREET ADDRESS **910 S. BAY ST.**
CITY-ST-ZIP **EUTIS FL**

6.1 TITLE **P** ☐ Change ☒ Addition
6.2 NAME **KIP WRIGHT**
6.3 STREET ADDRESS **22155 SW 147 Ave**
6.4 CITY-ST-ZIP **Miami FL 33170**

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:

Irene R. Sewell

IRENE R SEWELL 6/8/98 352-669-3532

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