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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701295

1. Corporation Name

BIG SCRUB TRAIL RIDERS INC

Principal Place of Business

40825 BABB RD
UMATILLA FL 32784
US

Mailing Address

40825 BABB RD
UMATILLA FL 32784
US

538626 - 90256 - 44



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/11/1960

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SEWELL, IRENE
40825 BABB RD
UMATILLA FL 32784

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
DAVIS, JACK
STREET ADDRESS 5 DAVIS RD
CITY-ST-ZIP PLEASANT GROVE MS 38657

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME D
OGILVE, ALEX
STREET ADDRESS 1126 SE 180TH ST
CITY-ST-ZIP WEIRSDALE FL

TITLE ☐ DELETE

NAME VP
ANDERSON, WILLIE
STREET ADDRESS 4245 POWELL RD
CITY-ST-ZIP MELBOURNE FL 32904

TITLE ☐ DELETE

NAME P
WRIGHT, KIP
STREET ADDRESS 22155 SW 147 AVE
CITY-ST-ZIP MIAMI FL 33170

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME D
FOUST, Sue
STREET ADDRESS 24711 Crooked Mile Rd
CITY-ST-ZIP Paisley FL 32767

2.1 TITLE ☐ Change ☒ Addition

NAME D
Whiting Edith
STREET ADDRESS 229 Pinto Lane
CITY-ST-ZIP Ormond Beach FL 32174

3.1 TITLE ☐ Change ☒ Addition

NAME D
Soltysiak, Susan
STREET ADDRESS 17815 SE 132nd
CITY-ST-ZIP Weirsdale FL 32195

4.1 TITLE ☐ Change ☐ Addition

NAME D
Baur, Joan
STREET ADDRESS 1749 NW 114 Loop
CITY-ST-ZIP Ocala FL 34475

5.1 TITLE ☐ Change ☐ Addition

NAME D
Martin, Talley
STREET ADDRESS 8405 Trevorthon Rd
CITY-ST-ZIP Orlando, FL 32817

6.1 TITLE ☐ Change ☐ Addition

NAME 2nd VP
ME Kay, Loni
STREET ADDRESS Box 5069
CITY-ST-ZIP Inimakelee FL 34143

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, with all other like empowered.

SIGNATURE: Irene Sewell R. Sewell 5/10/99 352-669-3532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)