FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAR 22 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **703225** **(3)**

1. Corporation Name

MARION SADDLE CLUB, INC.

Principal Place of Business	Mailing Address
207 N MAGNOLIA AVE P O BOX 2133 OCALA FL 32678	207 N MAGNOLIA AVE P O BOX 2133 OCALA FL 32678

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/20/1961**
3a. Date of Last Report: **02/02/1994**
4. FEI Number: **59-1767581** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

TRENTELMAN, JOHN C.
207 N MAGNOLIA AVE
OCALA FL 34475

10. Name and Address of New Registered Agent

81 Name: THERESA M. BURNETT
82 Street Address (P.O. Box Number is Not Acceptable): 12205 SE 36th AVE
83
84 City: Belleview FL 85 Zip Code: 34420

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Theresa M Burnett T/D THERESA M BURNETT 3/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LEWIS, LORI	12 NAME	
STREET ADDRESS	15801 NW 112TH PL RD	13 STREET ADDRESS	
CITY-ST-ZIP	MORRISTON FL	14 CITY-ST-ZIP	
TITLE	~~TD~~	21 TITLE	T/D ☒ Change ☐ Addition
NAME	~~TRENTELMAN, JOHN C~~	22 NAME	THERESA M. BURNETT
STREET ADDRESS	~~1001 N.E. 105TH LANE~~	23 STREET ADDRESS	12205 SE 36TH AVE
CITY-ST-ZIP	~~ANTHONY FL~~	24 CITY-ST-ZIP	Belleview, FL 34420
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	HEUSER, BETH	32 NAME	
STREET ADDRESS	3562 SW 24TH AVE. RD.	33 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	900001437149
STREET ADDRESS		43 STREET ADDRESS	-03/22/95--01112--018
CITY-ST-ZIP		44 CITY-ST-ZIP	*****130.00 *****130.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	LVS ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	5-22
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Theresa M Burnett THERESA M. BURNETT T/D 3/8/95 904-245-5764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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