

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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P O BOX 2133
OCALA FL 32678

3. Date Incorporated or Qualified
11/20/1961

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
59-1767581

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THERESA, BURNETT M
12205 S.E. 36TH AVE.
BELLEVUE FL 34420

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LEWIS, LORI
STREET ADDRESS 15801 NW 112TH PL RD
CITY - ST - ZIP MORRISTON FL

1.1 TITLE PD
1.2 NAME JOAN VERRANDO
1.3 STREET ADDRESS 2251 S.W. 90th ST.
1.4 CITY - ST - ZIP OCALA FL 34476

TITLE TD
NAME BRUNETT, THERESA M
STREET ADDRESS 12205 S.E. 36TH AVE.
CITY - ST - ZIP BELLEVUE FL 34420

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

TITLE SD
NAME HEUSER, BETH
STREET ADDRESS 3562 SW 24TH AVE. RD.
CITY - ST - ZIP OCALA FL

3.1 TITLE SD
3.2 NAME LINDA MILLS
3.3 STREET ADDRESS 376 S.E. 52nd Ct
3.4 CITY - ST - ZIP OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 TRES THERESA M. BURNETT

Date

Daytime Phone

352-245-5764

352-245-96

CR2E037 (12/95)