


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90074 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703225

1. Corporation Name

MARION SADDLE CLUB, INC.

Principal Place of Business

 207 N MAGNOLIA AVE
 P O BOX 2133
 OCALA FL 34478
 US

Mailing Address

 207 N MAGNOLIA AVE
 P O BOX 2133
 OCALA FL 34478
 US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/20/1961

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

8. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

 81 Name
 RANDY ECKHOUT
 82 Street Address (P.O. Box Number is Not Acceptable)
 1931 TWIN BRIDGE CIRCLE
 83
 84 City
 OCALA FL 85 Zip Code
 34471

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 Randy K. Eckhout, RANDY ECKHOUT Treasurer 4/19/99 DATE

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

(NOTE: Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DYECCKHOUT, RAN	
STREET ADDRESS	1931 S.E. TWIN BRIDGE CIR	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BRUNETT, THERESA M	
STREET ADDRESS	12205 S.E. 36TH AVE.	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, LYDIA	
STREET ADDRESS	378 SE 52 CT.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CINDY SHAWLEY	
1.3 STREET ADDRESS	7537 NW HWY 316	
1.4 CITY-ST-ZIP	FAIRFELD, FL 32634	
2.1 TITLE	TREASURER - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RANDY ECKHOUT	
2.3 STREET ADDRESS	1931 TWIN BRIDGE CIRCLE	
2.4 CITY-ST-ZIP	OCALA, FL 34471	
3.1 TITLE	SECRETARY - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LAURA ROWLEY	
3.3 STREET ADDRESS	ROUTE 1, BOX 254	
3.4 CITY-ST-ZIP	MORRISTON, FL 32668	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

 SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 RANDY ECKHOUT 4/19/99 352-867-7926
 Daytime Phone

CR2E037 (1/98)