

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90107 015 ****61.25

DOCUMENT # 703225

1. Entity Name
MARION SADDLE CLUB, INC.



Principal Place of Business
**P O BOX 2133
OCALA, FL 34478-2133 US**

Mailing Address
**P O BOX 2133
OCALA, FL 34478-2133 US**

50010936



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1767581

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELANO, MARTHA
12240 NE 14TH AVE
ANTHONY, FL 32617**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DELANO, MARTHA
STREET ADDRESS 12240 NE 14TH AVE
CITY-ST-ZIP ANTHONY, FL 32617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME FINK, JOANN
STREET ADDRESS 5121 SE 38TH ST.
CITY-ST-ZIP Ocala, FL 34480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECD ☐ Delete
NAME GOVIER, CHRISTINE
STREET ADDRESS 25 SE 69TH PL
CITY-ST-ZIP Ocala, FL 34480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME SLAVEN, SAMMYE
STREET ADDRESS 2060 NW 114TH LOOP
CITY-ST-ZIP Ocala, FL 34475

TITLE ☒ Change ☐ Addition
NAME **TO SLAVEN, SAMMYE**
STREET ADDRESS **2115 S'E 25th Loop**
CITY-ST-ZIP **OCALA FL 34471**

TITLE D ☒ Delete
NAME ANTHONY, MARY
STREET ADDRESS 3451 NE 86TH LANE
CITY-ST-ZIP ANTHONY, FL 32617

TITLE ☐ Change ☒ Addition
NAME **Gentry, Mary Beth**
STREET ADDRESS **14000 NW Hwy. 235**
CITY-ST-ZIP **Roddick, FL. 32686**

TITLE D ☐ Delete
NAME MOORE, LAURIE
STREET ADDRESS 1317 SE 10TH AVE
CITY-ST-ZIP Ocala, FL 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sammye Slaven **Sammye Slaven**

4/8/06

352

427-3436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #