

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703225

FILED
Apr 29, 2008
Secretary of State

Entity Name: MARION SADDLE CLUB, INC.

Current Principal Place of Business:

P O BOX 2133
OCALA, FL 344782133 US

New Principal Place of Business:

12240 NE 14TH AVE
ANTHONY, FL 32617 US

Current Mailing Address:

P O BOX 2133
OCALA, FL 344782133 US

New Mailing Address:

FEI Number: 59-1767581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELANO, MARTHA
Address: 12240 NE 14TH AVE
City-St-Zip: ANTHONY, FL 32617

Title: VPD () Delete
Name: GIBSON, DEBBY
Address: 3200 NW 65TH ST
City-St-Zip: OCALA, FL 34475 US

Title: SECD () Delete
Name: GOVIER, CHRISTINE
Address: 10720 SE 45TH AVE
City-St-Zip: BELLEVIEW, FL 34420

Title: TD () Delete
Name: SLAVEN, SAMMYE
Address: 2115 SE 25TH LOOP
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: MACK, RHONDA
Address: P.O. BOX 5475
City-St-Zip: OCALA, FL 344785475

Title: D () Delete
Name: MOORE, LAURIE
Address: 1317 SE 10TH AVE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECD (X) Change () Addition
Name: GENTRY, MARY BETH
Address: 14000 NW HWY 225
City-St-Zip: REDDICK, FL 32686

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA DELANO

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date