

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **703609** (8)

1. Corporation Name

TRAILRIDERS CLUB, INC.

Principal Place of Business

Mailing Address

1935 RICHARDS LN.
MALABAR FL 32950
US

P.O. BOX 500549
MALABAR FL 32950-0549
US



| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 3625 Hield Rd. | | 26 3625 Hield Rd. | | 02/20/1962 | | 04/17/1996 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| | | | | NOT APPLICABLE | | Not Applicable | |
| 23 City & State | | 28 City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 MELBOURNE FL | | 28 MELBOURNE FL | | <input type="checkbox"/> \$5.00 May Be Added to Fees | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip | | 25 Country | | 29 Zip | | 30 Country | |
| 24 32904 | | 25 BREVARD | | 29 32904 | | 30 BREVARD | |

9. Name and Address of Current Registered Agent

MARPIL, PAUL
1935 RICHARDS LANE
MALABAR FL 32950

10. Name and Address of New Registered Agent

| | |
|---|----------------|
| 81 Name | RAIPH HUDSON |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 3625 HIELD RD. |
| 83 | |
| 84 City | MELBOURNE FL |
| 85 Zip Code | 32904 |

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 617.003, Florida Statutes.

SIGNATURE RAIPH HUDSON Ralph Hudson 4/28/97 DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|----------------------|
| TITLE | PD | 1.1 TITLE | PD |
| NAME | MARPIL, PAUL | 1.2 NAME | HUDSON, RAIPH |
| STREET ADDRESS | 1935 RICHARDS LANE | 1.3 STREET ADDRESS | 3625 HIELD RD. |
| CITY - ST - ZIP | MALABAR FL | 1.4 CITY - ST - ZIP | W MELBOURNE FL 32904 |
| TITLE | VD | 2.1 TITLE | VD |
| NAME | HUDSON, RALPH | 2.2 NAME | PLATT FRANK |
| STREET ADDRESS | 3625 HIELD RD | 2.3 STREET ADDRESS | 2505 MINTON RD. |
| CITY - ST - ZIP | MELBOURNE FL | 2.4 CITY - ST - ZIP | W MELBOURNE FL 32904 |
| TITLE | SD | 3.1 TITLE | SD |
| NAME | RICHARDS, ROSE | 3.2 NAME | HANNA DONNA |
| STREET ADDRESS | 1985 RICHARDS LANE | 3.3 STREET ADDRESS | 2195 WILSON LA. |
| CITY - ST - ZIP | MALABAR FL | 3.4 CITY - ST - ZIP | MALABAR FL 32950 |
| TITLE | TD | 4.1 TITLE | TD |
| NAME | MARPIL, LYDA | 4.2 NAME | HUDSON LACEY |
| STREET ADDRESS | 1935 RICHARDS LANE | 4.3 STREET ADDRESS | 3625 HIELD RD. |
| CITY - ST - ZIP | MALABAR FL | 4.4 CITY - ST - ZIP | W MELBOURNE FL 32904 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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.

SIGNATURE: Ralph Hudson 4/28/97 DATE

CR2E037 (9/96)