

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 703609

1. Entity Name
TRAILRIDERS CLUB, INC.



Principal Place of Business
370 FORSYTHIA WAY
PINETTA, FL 32350 US

Mailing Address
P O BOX 51
PINETTA, FL 32350 US



02022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUDSON, RALPH
370 FORSYTHIA WAY
PINETTA, FL 32350

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUDSON, RALPH
STREET ADDRESS	370 FORSYTHIA WAY
CITY-ST-ZIP	PINETTA, FL 32350
TITLE	SD
NAME	HANNA, DONNA
STREET ADDRESS	2195 WILSON LANE
CITY-ST-ZIP	MALABAR, FL
TITLE	TD
NAME	HUDSON, LACEY
STREET ADDRESS	370 FORSYTHIA WAY
CITY-ST-ZIP	PINETTA, FL 32350
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000045981
02/11/04-80084-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04

Date

850 929 2577

Daytime Phone #