2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State
02-22-2008 90015 018 ****61.25

DOCUMENT # 703609

1. Entity Name
TRAILRIDERS CLUB, INC.

Principal Place of Business	Mailing Address
370 FORSYTHIA WAY PINETTA, FL 32350 US	P O BOX 51 PINETTA, FL 32350 US

02182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
HUDSON, RALPH 370 FORSYTHIA WAY PINETTA, FL 32350	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUDSON, RALPH 370 FORSYTHIA WAY PINETTA, FL 32350	☒ Delete	TITLE A/D NAME STREET ADDRESS CITY-ST-ZIP	JOHN S PLATT 4256 CLIFTON BRYAN ROAD ZOLFO SPRINGS, FL 33890	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANDERSON, OPAL 4245 POWELL RD MELBOURNE, FL 32904	☒ Delete	TITLE V/A/D NAME STREET ADDRESS CITY-ST-ZIP	TOM COLLINS 13550 111th ST FELLSMERE, FL 32948	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUDSON, LACEY 370 FORSYTHIA WAY PINETTA, FL 32350	☐ Delete	TITLE T/D NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP	TYRA WILLIS 32801 US HWY 441 LOT 271 OKEECHOBEE	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MERLE MOSIER 2505 EBER BLVD MELBOURNE, FL 32904	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SARA CARMICHAEL 2726 S HARBOUR CITY BLVD MELBOURNE, FL 32901	☐ Change ☒ Addition

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: LACEY HUDSON Lacey Hudson 2-21-08 8509292577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #