2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State
06-13-2005 90002 039 ****61.25

DOCUMENT # 713386

1. Entity Name
THE BRADFORD RIDING CLUB, INC.

Principal Place of Business	Mailing Address
301 NORTH STARKE, FL 32091	PO BOX 1053 STARKE, FL 32091

06092005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2961461 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, MELINDA
4031 HIDDEN ARCE RD
MIDDLEBURG, FL 32068

7. Name and Address of New Registered Agent

Name CARTER, Melinda
Street Address (P.O. Box Number is Not Acceptable) 5555 SR 21
City Keystone Heights **FL** Zip Code 32656

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 Melinda Carter 6/1/05
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 September 7, 2005

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 CARTER, MELINDA 4031 HIDDEN ACRE RD MIDDLEBURG, FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Carter, Melinda 5555 SR 21 Keystone Hgts, FL 32656	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOLIMAN, OSCAR 7208 NW 180TH ST STARKE, FL 32091	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Thoma, Susan 23619 NW 38th Ave Lawtey, FL 32058	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CALDWELL, MARGARET 2524 SE SR 100 STARKE, FL 32091	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Brown, Teresa Rt 1 Box 1811 St. George GA 31562	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NORMAN, DEBRA 21590 US 301 N LAWTEYBURG, FL 32058	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 Lawtey FL 32058	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORMAN, ROBERT 21590 US 301 N LAWTEYN, FL 32058	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Corley, Corky 7883 Bundy Lake Rd Lake Geneva FL 32160	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOILMAN, BESSIE 7208 NW 180TH ST STARKE, FL 32091	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Corley, Terri 7883 Bundy Lake Rd Lake Geneva FL 32160	☐ Change ☑ Addition

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: Melinda Carter 6/1/05 904-276-6709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #