

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 713386 1. Entity Name THE BRADFORD RIDING CLUB, INC.	
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Principal Place of Business 301 NORTH STARKE, FL 32091	Mailing Address PO BOX 1053 STARKE, FL 32091
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07102006 No Chg-NP CR2E037 (4/06)

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
5555 SR 21
KEYSTONE HEIGHTS, FL 32656

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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 DATE 29 AUG 06

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 September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, MELINDA 5555 SR 21 KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMA, SUSAN 23619 NW 38TH AVE. LAWTEY, FL 32058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, TERESA RT. 1 BOX 1811 SAINT GEORGE, GA 31562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NORMAN, DEBRA 21590 US 301 N LAWTEY, FL 32058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTEY, CORKY 7883 BUNDY LAKE ROAD LAKE GENEVA, FL 32160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORLEY, TERRI 7883 BUNDY LAKE ROAD LAKE GENEVA, FL 32160

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08/31/06-80004-007 70.00

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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: Melinda Carter DATE 29 AUG 06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #