

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90018 034 ****61.25

DOCUMENT # 713386 1. Entity Name THE BRADFORD RIDING CLUB, INC.					
Principal Place of Business 301 NORTH STARKE, FL 32091			Mailing Address PO BOX 1053 STARKE, FL 32091		
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 		Country 		4. FEI Number 59-2961461	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HYLTON, LOUETTE 3118 NE 183RD PL GAINESVILLE, FL 32609					
7. Name and Address of New Registered Agent Name Pringle, Melinda J. Street Address (P.O. Box Number is Not Acceptable) 4805 Mayflower St City Middleburg FL Zip Code 32068					
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 <u><i>Melinda J. Pringle</i></u> DATE <u>5/7/08</u> 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 12, 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HYLTON, LOUETTE 3118 NE 183RD PL GAINESVILLE, FL 32609	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pringle, Melinda 4805 Mayflower St Middleburg, FL 32068	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NORMAN, ROBERT 21590 N US 301 LAWTEY, FL 32058	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Terry, Michael 23616 NW 42nd Ave Lawtey FL 32058	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROSBY, BELINDA 11100 SW 167TH CIR BROOKER, FL 32622	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Hoilman, Melissa 7222 NW 180th St Starke FL 32091	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALDWELL, PEGGY 2425 SE SR 100 STARKE, FL 32091	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Crosby, belinda 11100 Sw 167th Cir. Brooker FL 32622	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYLTON, BUTCH 3118 NE 183RD PL GAINESVILLE, FL 32609	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilson, Steve 2570 NW 235th St. Lawtey, FL 32058	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREER, TRACEY 23868 NW 38TH AVE LAWTEY, FL 32058	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jackson, Donna 7222 NW 180th St Starke, FL 32091	☒ 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: <u><i>Melinda J. Pringle</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>5/7/08</u> Daytime Phone # <u>904-334-2202</u>	