

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721479

FILED
Apr 15, 2009
Secretary of State

Entity Name: SILVER SANDS BRIDLE CLUB, INC.

Current Principal Place of Business:

625 TOMOKA FARMS RD
PO BOX 291571 PT ORANGE FL (32129)
NEW SMYRNA BEACH, FL 321688943 US

New Principal Place of Business:

625 TOMOKA FARMS RD
NEW SMYRNA BEACH, FL 321688943 US

Current Mailing Address:

P O BOX 291571
PO BOX 291571 PT ORANGE FL (32129)
PORT ORANGE, FL 321291571 US

New Mailing Address:

FEI Number: 23-7148501 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, OLIVER
1623 MAGNOLIA AVE
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POWELL, OLIVER E
Address: 1626 MAGNOLIA AVE
City-St-Zip: S DAYTONA, FL 32119

Title: T () Delete
Name: RAKAUKSKAS, SANDRA
Address: 5775 WOODCLIFF RD
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: SANDERS, TERRY
Address: 3930 LANGFORD RD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Delete
Name: PALMIERI, MARTY
Address: 6222 AIRPORT RD
City-St-Zip: DAYTONA BEACH, FL 32124

Title: S () Delete
Name: ARNOLD, DEBBY
Address: 805 VISTA COVE
City-St-Zip: CHULUOTA, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SANDERS, TERRY
Address: 1279 S SR 415
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA RAKAUSKAS

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date