

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90010 009 ****61.25

DOCUMENT # 722867
1. Entity Name
B-BAR-K RIDING CLUB, INC.



Principal Place of Business Mailing Address
8031 DOOLEY DRIVE **8031 DOOLEY DRIVE**
PENSACOLA FL 32526 **PENSACOLA FL 32526**

54054092



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-3045058 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
ADAMS, O E SR.
2020 N PALAFOX
PENSACOLA FL

7. Name and Address of New Registered Agent
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)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	PD CAMPBELL, KAY	<input type="checkbox"/> Delete
STREET ADDRESS	1340 BRICKTON RD	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE NAME	VP VAUGHN, EUGENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	32825 MAGNOLIA FORUS RD.	
CITY-ST-ZIP	ROBERTSDALE AL 36567	
TITLE NAME	SD MONTGOWERY, LORI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	PO BOX 423	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE NAME	TD PITTMAN, BELINDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	PO BOX 3616	
CITY-ST-ZIP	MILTON FL 32572	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP Michael Brandon Perdue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2701 Stallion Road	
CITY-ST-ZIP	Cantonment FL 32533	
TITLE NAME	SD Rita Heist	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8031 Dooley Dr.	
CITY-ST-ZIP	Pensacola FL 32526	
TITLE NAME	TD Claudette Simmons	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2701 Stallion Road	
CITY-ST-ZIP	Cantonment FL 32533	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Claudette Simmons* **Claudette Simmons, Treasurer** 5/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #