


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jul 18, 2007 08:00 AM  
Secretary of State**

DOCUMENT # 722867 1. Entity Name B-BAR-K RIDING CLUB, INC.	
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Principal Place of Business 8031 DOOLEY DRIVE PENSACOLA, FL 32526	Mailing Address 8031 DOOLEY DRIVE PENSACOLA, FL 32526
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**DO NOT WRITE IN THIS SPACE**



07062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3045058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, O E SR.  
2020 N PALAFOX  
PENSACOLA, FL

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000769424  
07/18/07-80005-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEIST, FLOYD JR 8031 DOOLEY DR. PENSACOLA, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP INGRAM, JAN 1940 PAULINE ST. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HEIST, RITA 8031 DOOLEY DR. PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MONTGOMERY, LORI 27180 C.R. WATSON RD. ROBERTSDALE, AL 36567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Lori Montgomery 7-16-07 850-232-8251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #