

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739067 (7)
1. Corporation Name
PIONEER TRAIL BLAZERS RIDING CLUB INC.



Principal Place of Business
**3785 HENRY J AVENUE
ST. CLOUD FL 34772**

Mailing Address
**3785 HENRY J AVENUE
ST. CLOUD FL 34772**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

3. Date Incorporated or Qualified
05/27/1977

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2330195

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DAVIS, JAMES ARLE
3675 HENRY J AVENUE
ST. CLOUD FL 34772**

10. Name and Address of New Registered Agent

81 Name
Davis Carolyn

82 Street Address (P.O. Box Number is Not Acceptable)
3445 Packard Ave

83 City
St. Cloud

84 State
FL

85 Zip Code
34771

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *X Carolyn Davis*
Signature, typed or printed name of registered agent and if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-06-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARDING, DENISE	
STREET ADDRESS	17421 SCHOFIELD RD.	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WALLIS, PHYLLIS	
STREET ADDRESS	7510 E. IRLO BRONSON HWY	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, JULIE	
STREET ADDRESS	KANOE CREEK RD.	
CITY-ST-ZIP	KENANSVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, CAROLYN	
STREET ADDRESS	3445 PACKARD AVE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALLIS, ERIC	
STREET ADDRESS	7510 E. IRLO BRONSON HWY	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, ROBIN	
STREET ADDRESS	4195 ALBRITTON RD.	
CITY-ST-ZIP	ST. CLOUD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Davis, Carolyn	
1.3 STREET ADDRESS	3445 Packard Ave	
1.4 CITY-ST-ZIP	St. Cloud FL 34771	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wallis, Phyllis	
2.3 STREET ADDRESS	7510 E. Irlo Bronson Hwy	
2.4 CITY-ST-ZIP	St. Cloud FL 34771	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Olsen, Cindy	
3.3 STREET ADDRESS	4950 Haywood - Ruffin Rd	
3.4 CITY-ST-ZIP	St. Cloud FL 34771	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Carolyn Davis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-96
Date

847-2776
Daytime Phone #

CR2E037 (12/95)