

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 756563 (3)

1. Corporation Name

IRON HORSE RUGBY CLUB, INC.



Principal Place of Business

**102 RANGER BLVD.
WINTER PARK FL 32792
US**

Mailing Address

**102 RANGER BLVD.
WINTER PARK FL 32792
US**

3. Date Incorporated or Qualified
02/27/1981

3a. Date of Last Report
06/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2955953

Applied For

Not Applicable

22

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

24

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINDSAY, KEN
102 RANGER BLVD.
WINTER PARK FL 32792**

81 Name

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

83

84 City

FL

85 Zip Code

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

Ken Lindsay
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/8/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **CZACHOWSKI, JOE**
STREET ADDRESS **181 HOLDERNESS DR.**
CITY-ST-ZIP **LONGWOOD FL**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **DOXEY, TROY**
1.3 STREET ADDRESS **2512 TREE RIDGE LN**
1.4 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **D** ☐ DELETE
NAME **LINDSAY, KEN**
STREET ADDRESS **102 RANGER BLVD.**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **COOPERIDER, CLAY**
STREET ADDRESS **1641 W. BOYER**
CITY-ST-ZIP **LONGWOOD FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **BINGE, SIMON**
STREET ADDRESS **8511 SHADY GLEN DRIVE**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **LYONS, PETE**
4.3 STREET ADDRESS **4440 TURNBULL DR**
4.4 CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **D** ☒ DELETE
NAME **KLEIN, DANNY**
STREET ADDRESS **504 PARSON BROWN WAY**
CITY-ST-ZIP **LONGWOOD FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **BRANTLEY, BRIAN**
5.3 STREET ADDRESS **140 W. SWCOPE ST**
5.4 CITY-ST-ZIP **LAKE ALFRED FL 33850**

TITLE **V** ☒ DELETE
NAME **CARTER, JOE**
STREET ADDRESS **2665 LASER CT.**
CITY-ST-ZIP **ORLANDO FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **KENNEDY, TOM**
6.3 STREET ADDRESS **2346 E MEADOWS CT.**
6.4 CITY-ST-ZIP **LAKELAND FL 33813**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

Ken Lindsay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEN LINDSAY D

4/8/96

(407)673-0161

Date

Daytime Phone #

CR2E037 (12/95)