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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756563

1. Corporation Name

IRON HORSE RUGBY CLUB, INC.

Principal Place of Business

9950 ALOMA BEND LN
OVIEDO FL 32765
US

Mailing Address

9950 ALOMA BEND LN
OVIEDO FL 32765
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

02/27/1981

4. FEI Number

59-2955953

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LINDSAY, KEN
9950 ALOMA BEND LN
OVIEDO FL 32765

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DOXEY, TROY
STREET ADDRESS 2512 TREE RIDGE LN
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME LINDSAY, KEN
STREET ADDRESS 9950 ALOMA BEND WAY
CITY-ST-ZIP OVIEDO FL 32765

☐ DELETE

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

☐ DELETE

TITLE D
NAME LYONS, PETE
STREET ADDRESS 4940 TURNBULL DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME BRANTLEY, BRIAN
STREET ADDRESS 140 W SWOOPE ST
CITY-ST-ZIP LAKE ALFRED FL

☐ DELETE

TITLE V
NAME KENNEDY, TOM
STREET ADDRESS 2346 E MEADOWS CT
CITY-ST-ZIP LAKELAND FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Kenneth W. Lindsay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth W. Lindsay 4/21/99 (407) 673-0161

Date

Daytime Phone #

CR2E037 (1/98)