

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -3 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764942 (9)
1. Corporation Name
BIG SCRUB TRAIL RIDERS OF CENTRAL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **% ALLEN PEARCE, 3318 NW 68TH AVE, GAINESVILLE FL 32608**
Mailing Address: **% ALLEN PEARCE, 3318 NW 68TH AVE, GAINESVILLE FL 32608**

3. Date Incorporated or Qualified: **09/10/1982**
3a. Date of Last Report: **02/07/1994**
4. Fil Number: **59-3073454**
Applied For: Not Applicable:

2. Principal Place of Business: **21** State Apt # etc: **22** City & State: **23** Zip: **24**
2a. Mailing Address: **25** State Apt # etc: **26** City & State: **27** Zip: **28** Country: **30**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:
8. This corporation has liability for intangible tax under s. 199.022, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **PEARCE, E. ALLEN, 3318 NW 68TH AVE, GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent: **01** Name: **02** Street Address (P.O. Box Number is Not Acceptable): **03** City: **04** State: **FL** **05** Zip Code:

11. Pursuant to the provisions of Sections 617.0602 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 617.0603, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE: PD	LORDEN, KEVIN STREET ADDRESS: 695 N. ORLANDO AVE. CITY, ST, ZIP: MAITLAND FL 32751	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD	PEARCE, E. ALLEN STREET ADDRESS: 3318 NW 68TH AVE CITY, ST, ZIP: GAINESVILLE FL	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S	FALES, KRISTIE STREET ADDRESS: 4055 NW GAINESVILLE RD CITY, ST, ZIP: OCALA FL	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	MOLING, KENNETH STREET ADDRESS: 2277 HWY 41 N CITY, ST, ZIP: INVERNESS FL	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD	NICCOM, MIKE STREET ADDRESS: 2104 NW 31ST AVE. CITY, ST, ZIP: GAINESVILLE FL 32605	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		71 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		81 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information included 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. _____
SIGNATURE: **E. Allen Pearce** DATE: **6-29-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **E. Allen Pearce** (Typed Name) **904-378-9157**

CR2E037 (3/95)