

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 # **764942** (9)

1. Corporation Name

BIG SCRUB TRAIL RIDERS OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

% ALLEN PEAREE
3318 NW 68TH AVE
GAINESVILLE FL 32606

% ALLEN PEAREE
3318 NW 68TH AVE
GAINESVILLE FL 32606

3. Date Incorporated or Qualified
09/10/1982

3a. Date of Last Report
07/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3073454

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEARCE, E. ALLEN
3318 NW 68TH AVE.
GAINESVILLE FL 32606

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 PD
NAME LORDEN, KEVIN ☒ DELETE
STREET ADDRESS 895 N. ORLANDO AVE.
CITY-ST-ZIP MAITLAND FL 32751

TITLE TD
NAME PEARCE, E. ALLEN ☐ DELETE
STREET ADDRESS 3318 NW 68TH AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE S
NAME FALES, KRISTIE ☐ DELETE
STREET ADDRESS 4055 NW GAINESVILLE RD
CITY-ST-ZIP OCALA FL

TITLE D
NAME MOLING, KENNETH ☐ DELETE
STREET ADDRESS 2277 HWY 41 N
CITY-ST-ZIP INVERNESS FL

TITLE VD
NAME NICCUM, MIKE ☐ DELETE
STREET ADDRESS 2104 NW 31ST AVE.
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME President
5.3 STREET ADDRESS Niccum, Mike
5.4 CITY-ST-ZIP 2104 Nw 31st Ave
Gainesville, FL 32605

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME VD
6.3 STREET ADDRESS Reynolds, Chris
6.4 CITY-ST-ZIP 4075 SE 110th St
Bellevue, FL 33420

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Allen Pearce 4-5-96 (352) 378-9157

Date

Daytime Phone #

CR2E037 (12/95)