

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 % ALLEN PEAREE
3318 NW 68TH AVE 3318 NW 68TH AVE
GAINESVILLE FL 32606 GAINESVILLE FL 32653-1301

3. Date Incorporated or Qualified 09/10/1982 3a. Date of Last Report 04/10/1996

2. Principal Place of Business 2a. Mailing Address
21 3473 NW 49th Ave 26 3473 NW 49th Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Gainesville, FL 28 Gainesville, FL
Zip Country Zip Country
24 32605 25 32605 29 32605 30

4. FEI Number 59-3073454 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
PEARCE, E. ALLEN
3318 NW 68TH AVE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3473 NW 49th Ave
83
84 City FL 85 Zip Code 32605

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 ☐ DELETE
NAME NICCUM, MIKE
STREET ADDRESS 2104 NW 31 AVE
CITY-ST-ZIP GAINESVILLE FL
TITLE TD ☐ DELETE
NAME PEARCE, E. ALLEN
STREET ADDRESS 3318 NW 68TH AVE
CITY-ST-ZIP GAINESVILLE FL
TITLE S ☐ DELETE
NAME FALES, KRISTIE
STREET ADDRESS 4055 NW GAINESVILLE RD
CITY-ST-ZIP Ocala FL
TITLE D ☐ DELETE
NAME MOLING, KENNETH
STREET ADDRESS 2277 HWY 41 N
CITY-ST-ZIP INVERNESS FL
TITLE VD ☐ DELETE
NAME NICCUM, MIKE
STREET ADDRESS 2104 NW 31ST AVE.
CITY-ST-ZIP GAINESVILLE FL 32605
TITLE VD ☐ DELETE
NAME REYNOLDS, CHRIS
STREET ADDRESS 6675 SE 110 ST
CITY-ST-ZIP BELLEVUE FL

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 3473 NW 49th Ave
2.4 CITY-ST-ZIP Gainesville, FL 32605
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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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 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 by an attachment with an address.

CR2E037 (9/96)