

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 769683

1. Entity Name
THE TRIPLE B RIDING CLUB INC.



Principal Place of Business
**RIVERVIEW CIVIC CENTER
11020 PARK ROAD
RIVERVIEW, FL 33568**

Mailing Address
**P. O. BOX 6313
BRANDON, FL 33508 US**



01272006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOYETTE, RICK
4805 NESMITH ROAD
PLANT CITY, FL 33567**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BOYETTE, RICK
STREET ADDRESS 4805 NESMITH ROAD
CITY-ST-ZIP PLANT CITY, FL 335674

TITLE VP
NAME SAPP, MARYLOU
STREET ADDRESS 1205 S. EVERS STREET
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE S
NAME MAGRUDER, JULIE
STREET ADDRESS 12329 YELLOW ROSE CIR.
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE T
NAME MEREDITH, ROSEMARY
STREET ADDRESS 7505 LOGHOUSE ROAD
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE COB
NAME MCLAMB, TERRY
STREET ADDRESS 837 JERRY SMITH ROAD
CITY-ST-ZIP DOVER, FL 33527

TITLE COB
NAME DEMPDEY, TERRI
STREET ADDRESS 2910 STEARNS ROAD
CITY-ST-ZIP VALRICO, FL 33594

U00000538054
05/09/06-80024-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/06 8139867503