

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769683

FILED
Jan 04, 2010
Secretary of State

Entity Name: THE TRIPLE B RIDING CLUB INC.

Current Principal Place of Business:

RIVERVIEW CIVIC CENTER
11020 PARK ROAD
RIVERVIEW, FL 33568

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6313
BRANDON, FL 33508 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, JAMES A
3205 SHADY AVE DR E
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: HEWITT, SHARON
Address: 27403 CORAL SPRINGS DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP
Name: LODER, CHRISTINA
Address: 4733 SILVER CIRCLE
City-St-Zip: ZEPHRYHILLS, FL 33541

Title: S
Name: SAPP, MARY LOU
Address: 1205 EAST EVERS STREET
City-St-Zip: PLANT CITY, FL 33565

Title: T
Name: ALFIERI, DEBRA
Address: 11669 BROWNING RD
City-St-Zip: LITHIA, FL 33547 19

Title: COB
Name: BOYETTE, RICK
Address: 4805 NESMITH ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: COB
Name: DONNA, FELLERS
Address: 1010 AVE X N.W.
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA ALFIERI

T

01/04/2010

Electronic Signature of Signing Officer or Director

_____ Date