

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769683

**FILED**  
**Jan 30, 2012**  
**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: NAASKO, ROBERT E  
Address: 88 OAKWOOD RD.  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP  
Name: VAISEY, SUSAN  
Address: 18610 LITHIA TOWNE RD  
City-St-Zip: LITHIA, FL 33547

Title: S  
Name: TUCKERMAN, CATHY  
Address: 12435 KELSO RD  
City-St-Zip: THONOTOSASSA, FL 33592

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

Title: COB  
Name: HEWIIT, SHARON  
Address: 27403 CORAL SPRINGS DR.  
City-St-Zip: WESLEY CHAPEL, FL 33544

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 J. ALFIERI

TREA

01/30/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date