2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000007618

1. Entity Name
BAY AREA DRESSAGE & COMBINED TRAINING, INC.

Principal Place of Business	Mailing Address
3524 SADDLEBACK LN LUTZ, FL 33549	3524 SADDLEBACK LN LUTZ, FL 33549

07152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3683287
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIPA, JACKIE R
3524 SADDLEBACK LN
LUTZ, FL 33549

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

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

000001FF947
07/19/04-80005-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIPA, JACKIE R
STREET ADDRESS	3524 SADDLEBACK LN
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	STD
NAME	CARUSO, JEANINE
STREET ADDRESS	8541 N GUNN HWY
CITY-ST-ZIP	TAMPA, FL 33556
TITLE	VPD
NAME	BOLLENBACK, TINA
STREET ADDRESS	8541 NO GUNN HWY
CITY-ST-ZIP	TAMPA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I 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 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: _____ Jeanine M Caruso 7/15/04 813-244-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #