

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90154 046 \*\*\*\*61.25

**DOCUMENT # N02000000618**

1. Entity Name

**BLACKWATER SADDLE CLUB, INC.**



Principal Place of Business

P.O. BOX 2236  
PACE FL 32571

Mailing Address

P.O. BOX 2236  
PACE FL 32571



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3733010**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ENFINGER, LISA M**  
**4053 KENTWOOD ST.**  
**PACE FL 32571**

7. Name and Address of New Registered Agent

Name

**Jane Bartholomew**  
Street Address (P.O. Box Number is Not Acceptable)

**9844 Indian Ford Road**

City

**Milton**

**FL**

Zip Code

**32570**

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

**Jane Bartholomew, President**

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**3/26/2006**

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GWER, BOB	
STREET ADDRESS	5516 KAREN DR	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEREK, STEVEN	
STREET ADDRESS	6256 DAVIDSON LANE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PHILLIPS, DAVID	
STREET ADDRESS	8816 RAY HELMS RD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SMOTHERS, PAMELA	
STREET ADDRESS	9580 AMERICAN FARM RD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WINDHAM, DEBORAH	
STREET ADDRESS	10701 STABLE RD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ENFINGER, LISA M	
STREET ADDRESS	4053 KENTWOOD ST	
CITY-ST-ZIP	PACE FL 32571	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jane Bartholomew, Jane</b>	
STREET ADDRESS	<b>9844 Indian Ford Road</b>	
CITY-ST-ZIP	<b>Milton FL 32570</b>	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bartholomew, Robert</b>	
STREET ADDRESS	<b>9844 Indian Ford Road</b>	
CITY-ST-ZIP	<b>Milton FL 32570</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ellis, Doyle</b>	
STREET ADDRESS	<b>4888 Dana St.</b>	
CITY-ST-ZIP	<b>Pace, FL 32571</b>	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hylle, Shannon</b>	
STREET ADDRESS	<b>4605 Douglas St.</b>	
CITY-ST-ZIP	<b>Milton, FL 32583</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

**Jane Bartholomew, President**

**Jane Bartholomew**

**850 957 0784**