

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001458**

1. Entity Name  
**MOLINO SADDLE CLUB INC.**



Principal Place of Business

**8150 N HWY 29  
MOLINO, FL 32577**

Mailing Address

**8150 N HWY 29  
MOLINO, FL 32577**

**DO NOT WRITE IN THIS SPACE**



04202004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**01-0628603**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BUSSLER, ROWLAND L JR  
8150 N. HWY 29  
MOLINO, FL 32577**

**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1100000126292  
04/23/04-80028-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUSSLER, CHRISTINE
STREET ADDRESS	8150 N. HWY 29
CITY-ST-ZIP	MOLINO, FL 32577
TITLE	VD
NAME	BROWN, DREW
STREET ADDRESS	3675 CRABTREE CHURCH RD
CITY-ST-ZIP	MOLINO, FL 32577
TITLE	SD
NAME	DAVIDSON, VICKIE
STREET ADDRESS	3655 CRABTREE CHURCH RD
CITY-ST-ZIP	MOLINO, FL 32577
TITLE	T
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Vickie Davidson* Vickie Davidson 4/20/04 850-587-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number