

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000098

FILED
Apr 21, 2009
Secretary of State

Entity Name: COLUMBIA COUNTY RIDING CLUB, INC.

Current Principal Place of Business:

125 SOUTHWEST SEVILLE PLACE
LAKE CITY, FL 32024 US

New Principal Place of Business:

Current Mailing Address:

272 SW LIBERT GLN
LAKE CITY, FL 32025 US

New Mailing Address:

P O BOX 589
LAKE CITY, FL 32056 US

FEI Number: 20-2107845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, MICHAEL D
125 SOUTHWEST SEVILLE PLACE
LAKE CITY, FL 32024 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 () Delete
Name: COX, MICHAEL D
Address: 125 SOUTHWEST SEVILLE PLACE
City-St-Zip: LAKE CITY, FL 32024

Title: V () Delete
Name: HARWOOD, TOM
Address: 152 S.W. UNICORN CT.
City-St-Zip: FORT WHITE, FL 32038

Title: T () Delete
Name: CREWS, KELLY
Address: 272 SW LIBERT GLN
City-St-Zip: LAKE CITY, FL 32025

Title: S () Delete
Name: SHELTON, CRYSTAL
Address: 1964 SW SALEM RD.
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: MILLIGAN, CLARENCE
Address: 341 SW BILLOWING GLEN
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: BARRY, GAYLE
Address: 414 SW SEVILLE PL
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KIRKPATRICK, SARA
Address: P O BOX 611
City-St-Zip: LAKE CITY, FL 32056

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GODBEY, DOUG
Address: 11889 NW 10TH COURT
City-St-Zip: BRANFORD, FL 32008

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KELLY CREWS

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date