

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010953

FILED
Apr 30, 2009
Secretary of State

Entity Name: TREASURE COAST RIDING CLUB, INC.

Current Principal Place of Business:

6155 SW LEIGHTON FARMS ROAD
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

PO BOX 971
PALM CITY, FL 34991

New Mailing Address:

P O BOX 971
PALM CITY, FL 34991

FEI Number: 01-0807185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARNER, JAMIE A
3174 SW SUNSET TRACE CR
PALM CITY, FL 34990 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: BROWN, KATHY L S
Address: 2862 SW LAKE TERR
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: FLUERY, LEE
Address: 681 SW COLLEGE PARK RD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T () Delete
Name: HEMINGS, LORI
Address: 9059 SW IMPERIAL DR.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HEMINGS, LORI M
Address: 9059 SW IMPERIAL DR.
City-St-Zip: PALM CITY, FL 34990

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

Title: VP (X) Change () Addition
Name: BARRIE, ELIZABETH A
Address: 6957 SW WEDELIA TERRACE
City-St-Zip: PALM CITY, FL 34990

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: LORI M. HEMINGS

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date