


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90177 017 ****61.25

DOCUMENT # N07000005506 1. Entity Name CROSS FLORIDA GREENWAY EQUESTRIANS, INC.					
Principal Place of Business 8282 SE HY-WAY 314 OCALA, FL 34470			Mailing Address 8282 SE HY-WAY 314 OCALA, FL 34470		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 26-0335381					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SHEARER, DOUGLAS 13670 SE HWY 475 SUMMERFIELD, FL 34491			7. Name and Address of New Registered Agent Name Vaught, Wayne Street Address (P.O. Box Number is Not Acceptable) 8282 SE HY-WAY 314 City Ocala FL Zip Code 34470		
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 Wayne Vaught Wayne Vaught 4-28-08 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAUGHT, WAYNE P.O. BOX 2256 BELLEVIEW, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, ED 9819 SW 42 AVE. OCALA, FL 34476	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, AIMEE 6225 NW 68TH AVE RD OCALA, FL 34482	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT-JONES, SHELLEY 1980 SW 107 PLACE OCALA, FL 34475	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, FRANCINE B-MEMBE 16116 SE 156 PL RD WEIRSDALE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, BEN B-MEMBE P.O. BOX 89 SUMMERFIELD, FL 34492	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas, Aimee 6225 NW 68 Ave Rd Ocala, FL 34482				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ayers, Diana 224 NE 12 Terrace Ocala, FL 34470				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Austin, Linda 15760 SE 90 Street Ocklawaha, FL 32179				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Linda Austin Linda Austin 4-25-08 352-288-8719 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					