

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005506

FILED
Jul 13, 2009
Secretary of State

Entity Name: CROSS FLORIDA GREENWAY EQUESTRIANS, INC.

Current Principal Place of Business:

8282 SE HY-WAY 314
OCALA, FL 34470

New Principal Place of Business:

15760 SE 90 STREET
OCKLAWAHA, FL 32179

Current Mailing Address:

8282 SE HY-WAY 314
OCALA, FL 34470

New Mailing Address:

P.O. BOX 2154
BELLEVIEW, FL 34420

FEI Number: 26-0335381 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VAUGHT, WAYNE
8282 SE HWY WAY 314
OCALA, FL 34470 US

Name and Address of New Registered Agent:

VAUGHT, WAYNE
15210 SE 104 CRT
SUMMERFIELD, FL 34491 US

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: WAYNE VAUGHT

07/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VAUGHT, WAYNE
Address: P.O. BOX 2256
City-St-Zip: BELLEVIEW, FL

Title: V () Delete
Name: THOMAS, AIMEE
Address: 6225 NW 68 AVE RD
City-St-Zip: OCALA, FL 34482

Title: S () Delete
Name: AYERS, DIANA
Address: 224 NE 12 TER
City-St-Zip: OCALA, FL 34470

Title: T () Delete
Name: AUSTIN, LINDA
Address: 15760 SE 90 ST
City-St-Zip: OCKLAWAHA, FL 32179

Title: D () Delete
Name: GRADY, FRANCINE B-MEMBE
Address: 16116 SE 156 PL RD
City-St-Zip: WEIRSDALE, FL

Title: D () Delete
Name: HOLMES, BEN B-MEMBE
Address: P.O. BOX 89
City-St-Zip: SUMMERFIELD, FL 34492

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: CAUDILL, LINDA
Address: 403 LAKE ELLA ROAD
City-St-Zip: FRUITLAND PARK, FL 34731

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

Title: D (X) Change () Addition
Name: DENTON, WILLIAM
Address: 850 SW 145 STREET
City-St-Zip: OCALA, FL 34473

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

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: WAYNE VAUGHT

MR

07/13/2009

Electronic Signature of Signing Officer or Director

Date