

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003864

FILED
Feb 06, 2009
Secretary of State

Entity Name: S.T.R.I.D.E. DRESSAGE ASSOCIATION, INC.

Current Principal Place of Business:

6880 NW 21ST STREET
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

6880 NW 21ST STREET
OCALA, FL 34482

New Mailing Address:

FEI Number: 26-2548247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRENTELMAN, JOHN C ATTY
207 N MAGNOLIA AVENUE
OCALA, FL 34475 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: DOWNER, JUDY
Address: 6880 NW 21 ST
City-St-Zip: OCALA, FL 34482

Title: VP () Delete
Name: ROLLACK, VICKIE
Address: O BOX 984
City-St-Zip: CITRA, FL 32113

Title: S () Delete
Name: BROWN, BARBARA
Address: PO BOX1057
City-St-Zip: SILVER SPRINGS, FL 34489

Title: T () Delete
Name: SIMONTON, JOANNA
Address: 13817 CR 209
City-St-Zip: OXFORD, FL 34484

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: LUCAS, LORETTA
Address: 665 SW 91ST PLACE
City-St-Zip: OCALA, FL 34476

Title: T (X) Change () Addition
Name: SIMONTON, JOANNA
Address: 13897 CR 209
City-St-Zip: OXFORD, FL 34484

Title: M () Change (X) Addition
Name: BECHEN, LONNI
Address: PO BOX 1207
City-St-Zip: WEIRSDALE, FL 32195

Title: M () Change (X) Addition
Name: HAMMOND, CYNTHIA
Address: 8143 EAST DEWEY ROBBINS ROAD
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737

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: JOANNA SIMONTON

T

02/06/2009

Electronic Signature of Signing Officer or Director

Date