

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000000713

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Entity Name:** OCALA WESTERN RIDERS, INC.

**Current Principal Place of Business:**

15680 SE 36TH AVE  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

15680 SE 36TH AVE  
SUMMERFIELD, FL 34491

**New Mailing Address:**

**FEI Number:** 26-4101367      **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:**

**Name and Address of New Registered Agent:**

HYNDS, DONALD  
15680 SE 36TH AVE  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HYNDS, DONALD  
**Address:** 15680 SE 36TH AVE  
**City-St-Zip:** SUMMERFIELD, FL 34491

**Title:** VP  
**Name:** HOVEY, DANE  
**Address:** 10717 S EM-EN-EL GROVE RD  
**City-St-Zip:** LEESBURG, FL 34788

**Title:** TR  
**Name:** HYNDS, PATRICIA  
**Address:** 15680 SE 36TH AVE  
**City-St-Zip:** SUMMERFIELD, FL 34491

**Title:** SEC  
**Name:** REGINA, HOVEY  
**Address:** 10717 S EM-EN-EL GROVE RD  
**City-St-Zip:** LEESBURG, FL 34788

I hereby 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 all other like empowered.

**SIGNATURE:** PATTI HYNDS

TRES

05/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date