# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10977** **(9)**

1. Corporation Name
**INDIANTOWN RIDING CLUB, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| BIG MOUND PARK, INDIANMOUND DR.<br>P O BOX 762<br>INDIANTOWN FL 34956 | BIG MOUND PARK, INDIANMOUND DR.<br>P O BOX 762<br>INDIANTOWN FL 34956 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1985
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0089132 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 TIMER POWERS PARK | 26 PO Box 762 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: INDIANTOWN FLA | 28 City & State: INDIANTOWN FLA |
| 24 Zip: 34956 25 Country: MARTIN | 29 Zip: 34956 30 Country: MARTIN |

**9. Name and Address of Current Registered Agent**

MERRITT, DOROTHY P.
1955 S.W. KANNER HWY
STUART FL 34997

**10. Name and Address of New Registered Agent**

81 Name: JOHNIE CRATON
82 Street Address (P.O. Box Number is Not Acceptable): 16252 S.W MORGAN ST
83
84 City: INDIANTOWN FL 85 Zip Code: 34956

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JOHNIE CRATON — Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE: 03/29/95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | V | 11 TITLE | P | ☒ Change ☐ Addition |
| NAME | MERRITT, CHARLES | 12 NAME | DRIGGERS DENIS | |
| STREET ADDRESS | 1955 SW KANNER HWY. | 13 STREET ADDRESS | STATE ROAD 76 GATE #7 | |
| CITY-ST-ZIP | STUART FL | 14 CITY-ST-ZIP | INDIANTOWN FL 34956 | |
| TITLE | D | 21 TITLE | T | ☒ Change ☐ Addition |
| NAME | CRATON, JOHN | 22 NAME | CRATON JOHNIE | |
| STREET ADDRESS | 15172 SW CHICK-KEE ST | 23 STREET ADDRESS | 16252 SW MORGAN ST. | |
| CITY-ST-ZIP | INDIANTOWN FL | 24 CITY-ST-ZIP | INDIANTOWN FL 34956 | |
| TITLE | ST | 31 TITLE | V | ☒ Change ☐ Addition |
| NAME | MERRITT, DOROTHY | 32 NAME | BAKER REED | |
| STREET ADDRESS | 1955 SW KANNER HWY | 33 STREET ADDRESS | 8801 sw fox brown rd | |
| CITY-ST-ZIP | STUART FL | 34 CITY-ST-ZIP | Indiantown FL 34956 | |
| TITLE | D | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | MCWATTERS, JAMIE | 42 NAME | | |
| STREET ADDRESS | 25 W. COCOANUT DR. | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH FL | 44 CITY-ST-ZIP | | |
| TITLE | P | 51 TITLE | D | ☒ Change ☐ Addition |
| NAME | ALSIP, JAMES | 52 NAME | ALSIP JUE | |
| STREET ADDRESS | 23101 SW CARDAMINE ST. | 53 STREET ADDRESS | 23101 SW CARDAMINE ST. | |
| CITY-ST-ZIP | INDIANTOWN FL | 54 CITY-ST-ZIP | Indiantown FL. 34956 | |
| TITLE | D | 61 TITLE | S | ☒ Change ☐ Addition |
| NAME | KILGORE, MICHAEL | 62 NAME | BAKER CHERYL | |
| STREET ADDRESS | 2310 F RD. | 63 STREET ADDRESS | 8801 sw FOX BROWN RD | |
| CITY-ST-ZIP | LOXAHATCHEE FL | 64 CITY-ST-ZIP | INDIANTOWN FL. 34956 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** JOHNIE M. CRATON 04/28/95 407-597-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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N10977

TITLE D
NAME CAPOZZOLI MIKE
STREET
ADDRESS 9904 s.w. FOX BROWN RD.
CITY INDIANTOWN FL. 34956

TITLE D
NAME COLLIER SANDRA
ADDRESS 18250 s.w. MARTIN HWY.
CITY INDIANTOWN FL. 34956

title D
NAME ROSE BOB
ADDRESS 10654 158th ST NORTH
CITY JUPITER FL 33478

TITLE D
NAME EDWARDS CREIG
ADDRESS 15801 SW PALAMINO ST
CITY INDIANTOWN FL 34956

TITLE D
NAME GLENN JOHN
ADDRESS 16001 SW MORGAN ST
CITY INDIANTOWN FL 34956