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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10977** (9)

1. Corporation Name

INDIANTOWN RIDING CLUB, INC.

Principal Place of Business

Mailing Address

**TIMER POWERS PARK
P O BOX 762
INDIANTOWN FL 34956
US**

**P O BOX 762
P O BOX 762
INDIANTOWN FL 34956
US**

3. Date Incorporated or Qualified

09/05/1985

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARDS, EVA J
15801 SW PALOMINO ST
INDIANTOWN FL 34956**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Eva J. Edwards
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	DRIGGERS, DENIS	
STREET ADDRESS	SR 76 GATE 7	
CITY-ST-ZIP	INDIANTOWN FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	EDWARDS, EVA J	
STREET ADDRESS	15801 SW PALOMINO ST	
CITY-ST-ZIP	INDIANTOWN FL 34956	

TITLE	V	<input type="checkbox"/> DELETE
NAME	BAKER, REED	
STREET ADDRESS	8801 SW FOX BROWN RD	
CITY-ST-ZIP	INDIANTOWN FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	EDWARDS, CRAIG D	
STREET ADDRESS	15801 SW PALOMINO ST	
CITY-ST-ZIP	INDIANTOWN FL 34956	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALSIP, SUE	
STREET ADDRESS	23101 SW CARDAMINE ST	
CITY-ST-ZIP	INDIANTOWN FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DRIGGERS, JEANA	
STREET ADDRESS	SR 76 GATE 7	
CITY-ST-ZIP	INDIANTOWN FL 34956	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

Eva J. Edwards **RENA J. Edwards**

1/7/98

561-597-3853

CR2E037 (10/97)