

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10977

1. Corporation Name

INDIANTOWN RIDING CLUB, INC.

Principal Place of Business

TIMER POWERS PARK
P O BOX 762
INDIANTOWN FL 34956
US

Mailing Address

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90032 029 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

EDWARDS, EVA J
15801 SW PALOMINO ST
INDIANTOWN FL 34956

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **DRIGGERS, DENIS**
STREET ADDRESS **SR 76 GATE 7**
CITY-ST-ZIP **INDIANTOWN FL**

TITLE **D** ☐ DELETE

NAME **EDWARDS, EVA J**
STREET ADDRESS **15801 SW PALOMINO ST**
CITY-ST-ZIP **INDIANTOWN FL 34956**

TITLE **V** ☒ DELETE

NAME **BAKER, REED**
STREET ADDRESS **8801 SW FOX BROWN RD**
CITY-ST-ZIP **INDIANTOWN FL**

TITLE **D** ☐ DELETE

NAME **EDWARDS, CRAIG D**
STREET ADDRESS **15801 SW PALOMINO ST**
CITY-ST-ZIP **INDIANTOWN FL 34956**

TITLE **D** ☐ DELETE

NAME **ALSIP, SUE**
STREET ADDRESS **23101 SW CARDAMINE ST**
CITY-ST-ZIP **INDIANTOWN FL**

TITLE **D** ☐ DELETE

NAME **DRIGGERS, JEANA**
STREET ADDRESS **SR 76 GATE 7**
CITY-ST-ZIP **INDIANTOWN FL 34956**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME **Toni Brown**
3.3 STREET ADDRESS **11151 S.W. Fox Brown Rd**
3.4 CITY-ST-ZIP **Indiantown, FL 34956**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Eva J. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99
Date

561-597-3853
Daytime Phone #

0074556

CR2E037 (11/98)