

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90011 045 ****61.25

DOCUMENT # N39270 1. Entity Name BIT AND SPUR SADDLE CLUB, INC.	
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Principal Place of Business DUVAL/AIRPORT ROAD JACKSONVILLE, FL 32218-0252	Mailing Address P.O. BOX 26252 JACKSONVILLE, FL 32218-0252
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 26252 Suite, Apt. #, etc.
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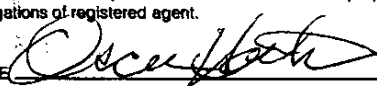
01202008 Chg-NP CR2E037 (12/06)

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32226	Country US

4. FEI Number 05-9262707	Applied For Not Applicable
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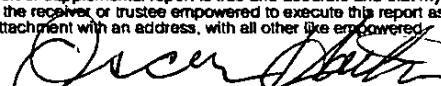
6. Name and Address of Current Registered Agent HOILMAN, OSCAR 7208 NW 180TH ST STARKE, FL 32091	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	oscar hoilman, President 3-20-08
(NOTE: Registered Agent signature required when re-registering)	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOILMAN, OSCAR 7208 N.W. 180TH ST STARKE, FL 32091 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALTER, MARTIN 2600 SCARVIN LN JACKSONVILLE, FL 32226 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, SANDY 3197 ARNOLD RD JACKSONVILLE, FL 32218 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYBRAND, ELIZABETH 9813 PLUMMER ROAD JACKSONVILLE, FL 32219 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	3-20-08 (904) 964-3940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Oscar Hoilman	Date Daytime Phone #