


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90013 018 ****61.25

DOCUMENT # N48322		
1. Entity Name INDIAN RIVER RIDING CLUB, INC.		

Principal Place of Business 6355 37TH ST VERO BEACH, FL 32966 US	Mailing Address P.O. BOX 6322 VERO BEACH, FL 32961-6322 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40020000



02112008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIMRIN, PATRICIA H. 720-16TH AVE. VERO BEACH, FL 32962		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, BARBARA	NAME	
STREET ADDRESS	14195 -122ND STREET	STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE, FL 32948	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACWILLIAM, ALEX	NAME	
STREET ADDRESS	266 EGVET LANE	STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY, FL 32763	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERTON, PATRICA	NAME	
STREET ADDRESS	P.O. BOX 6821	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32967	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROAMS, SAM	NAME	
STREET ADDRESS	6600 4TH STREET	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32968	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMRIN, PAT	NAME	
STREET ADDRESS	720 16TH AVE	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANFORD, FAYE	NAME	
STREET ADDRESS	5855 3330 STREET	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32966	CITY-ST-ZIP	

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: <u>Faye Stanford</u>	Date: <u>2-12-08</u>	Daytime Phone #: <u>772-567-3447</u>
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