

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000002639 (3)**

1. Corporation Name

**SILVER SPURS SADDLE CLUB, INC.**



Principal Place of Business

**708 WENDEL AVE  
LITHIA FL 33547**

Mailing Address

**708 WENDEL AVE  
LITHIA FL 33547**

3. Date Incorporated or Qualified  
**06/08/1993**

3a. Date of Last Report  
**05/01/1995**

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

**SCURLOCK, RICKEY D  
708 WENDEL AVE  
LITHIA FL 33547**

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

*Jackie Scurlock*  
Signature, typed or printed name of registered agent and title if applicable

*Jackie Scurlock*  
(NOTE: Registered Agent signature required when reappointing)

DATE

*4-2-96*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, RUSS	
STREET ADDRESS	11411 STANWOOD	
CITY - ST - ZIP	RIVERVIEW FL 33569	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BATHE, LEWIS	
STREET ADDRESS	8610 E. SLIGH AVE. 1A	
CITY - ST - ZIP	TAMPA FL 33610	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, CINDY	
STREET ADDRESS	4850 KNIGHTS LOOP	
CITY - ST - ZIP	PLANT CITY FL 33565	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCURLOCK, JACKIE	
STREET ADDRESS	708 WENDEL AVE.	
CITY - ST - ZIP	LITHIA FL 33547	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>SCURLOCK, RICK</i>	
1.3 STREET ADDRESS	<i>708 WENDEL AVE</i>	
1.4 CITY - ST - ZIP	<i>LITHIA, FL 33547</i>	
2.1 TITLE	V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Jaime, Doris</i>	
2.3 STREET ADDRESS	<i>20. Box 840</i>	
2.4 CITY - ST - ZIP	<i>DURANT, FL 33530</i>	
3.1 TITLE	<i>Bathe, Sandy SD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>12945 Country View Rd</i>	
3.3 STREET ADDRESS	<i>DOVER, FL 33527</i>	
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 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)(k), 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:

*Jackie Scurlock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jackie Scurlock*

*4-2-96*

*813-689-2320*

Date

Daytime Phone

CR2E037 (12/95)