


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33547-2046
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1993		3a. Date of Last Report 04/10/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SCURLOCK, RICKEY D 708 WENDEL AVE LITHIA FL 33547				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCURLOCK, RICK			1.2 NAME	SANDY BATHE		
STREET ADDRESS	708 WENDEL AVE			1.3 STREET ADDRESS	12945 Country View Rd.		
CITY-ST-ZIP	LITHIA FL			1.4 CITY-ST-ZIP	DOVER, FL 33527		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOINER, DORIS			2.2 NAME	Joiner, Doris		
STREET ADDRESS	PO BOX 840			2.3 STREET ADDRESS	P.O. Box 840		
CITY-ST-ZIP	DURANT FL			2.4 CITY-ST-ZIP	Brent, FL		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Cindy Green	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATHE, SANDY			3.2 NAME	4850 Knights Loop		
STREET ADDRESS	12945 COUNTRY VIEW RD			3.3 STREET ADDRESS	PIANT CITY, FL 33565		
CITY-ST-ZIP	DOVER FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCURLOCK, JACKIE			4.2 NAME	Scurlock, Jackie		
STREET ADDRESS	708 WENDEL AVE.			4.3 STREET ADDRESS	708 WENDEL AVE		
CITY-ST-ZIP	LITHIA FL 33547			4.4 CITY-ST-ZIP	Lithia, FL 33547		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

CR2E037 (9/96)

[Handwritten signature]

4/29/97 813-421-3223