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FILED

Feb 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000003904 (0)

1. Corporation Name

PIONEER ROPING CLUB, INC.

Principal Place of Business

Mailing Address

C/O HARDEE COUNTY CATTLEMEN'S ARENA  
ALTMAN ROAD  
WAUCHULA FL 33873P O BOX 131  
WAUCHULA FL 33873-01313. Date Incorporated or Qualified  
08/27/19933a. Date of Last Report  
02/07/1996

4. FEI Number

65-0442097

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City &amp; State

27

City &amp; State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, GARY  
COUNTY LINE RD EAST  
BOWLING GREEN FL 33834

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S COMBS, BARBARA ☒ DELETE  
NAME  
STREET ADDRESS 5925 RUSSO RD  
CITY-ST-ZIP BARTOW FL1.1 TITLE Sec./TREAS. ☐ Change ☒ Addition  
1.2 NAME Nancy Redding  
1.3 STREET ADDRESS 885 Griffin Rd.  
1.4 CITY-ST-ZIP Wauchula, FL 33873TITLE P ☐ DELETE  
NAME JONES, GARY  
STREET ADDRESS P. O. BOX 577 N/A  
CITY-ST-ZIP BOWLING GREEN FL2.1 TITLE Director ☐ Change ☒ Addition  
2.2 NAME Robert W. Redding  
2.3 STREET ADDRESS 885 Griffin Rd.  
2.4 CITY-ST-ZIP Wauchula, FL 33873TITLE DT ☒ DELETE  
NAME STALLINS, DEBRA  
STREET ADDRESS 62010 OLD EAGLE LAKE RD  
CITY-ST-ZIP WINTER HAVEN FL3.1 TITLE Director ☐ Change ☒ Addition  
3.2 NAME Tom Curtin  
3.3 STREET ADDRESS Rt 1 Box 115A  
3.4 CITY-ST-ZIP Bowling Green, FL 33834TITLE D ☒ DELETE  
NAME REVELL, JERRY  
STREET ADDRESS RT 1 BOX 120 R  
CITY-ST-ZIP BOWLING GREEN FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE VP ☐ DELETE  
NAME STORY, ADELL  
STREET ADDRESS RT. 1 BOX 413  
CITY-ST-ZIP WAUCHULA FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME KNIGHT, PERRY  
STREET ADDRESS P O BOX 845 NA  
CITY-ST-ZIP BOWLING GREEN FL6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-97 941-375-4074

CR2E037 (9/96)