2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AFT)

Jan 27, 2006 08:00 AM DOCUMENT # N93000004018 Secretary of State 1. Entity Name RAINBOW SADDLE CLUB, INC. Principal Place of Business Mailing Address 4901 MONROE SMITH ROAD JACKSONVILLE FL 32210 8351 WALDEN JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEi Number 59-1754544 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered affice 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2006 <u>क्षेत्रें एक्ष्रिक्त क्षेत्र</u> करित्र ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change PD TITLE Adobii TITLE Delete U00000405957 02/07/06-80063-002 66.25 HOILMAN, DONALD NAME MAME. 9074 102ND ST STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-ZIP DΛ ☐ Change □ Address Delete TITLE! TITLE NAME GRIMSTEAD, FRED NAME 4901 MONROE SMITH RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Att STD TITLE TITLE GRIMSTEAD, IRENE NAME NAME STREET ADDRESS 4901 MONROE SMITH ROAD STREET ADDRESS JACKSONVILLE FL CITY - ST - ZIP CITY - ST- ZIP Change □ Addro ☐ Delete TITLE TITLE JEHNSON, VICKY NAMÉ NAME STREET ADDRESS STREET ADDRESS 19074 LEZ RD. ST JACKSONVILLE FL 32210 CHY-ST-ZIP CITY-ST-70 ☐ Addis ☐ Change ☐ Datate TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addisi. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

FILED

904-771-3317

1-14-06