

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000004018

1. Entity Name

RAINBOW SADDLE CLUB, INC.



Principal Place of Business

8351 WALDEN
JACKSONVILLE FL 32210

Mailing Address

4901 MONROE SMITH ROAD
JACKSONVILLE FL 32210



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1754544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD ☐ Delete
NAME: HOILMAN, DONALD
STREET ADDRESS: 9074 102ND ST
CITY-STATE-ZIP: JACKSONVILLE FL 32210

TITLE: DV ☐ Delete
NAME: GRIMSTEAD, FRED
STREET ADDRESS: 4901 MONROE SMITH RD
CITY-STATE-ZIP: JACKSONVILLE FL 32210

TITLE: STD ☐ Delete
NAME: GRIMSTEAD, IRENE
STREET ADDRESS: 4901 MONROE SMITH ROAD
CITY-STATE-ZIP: JACKSONVILLE FL

TITLE: D ☐ Delete
NAME: JEHNSON, VICKY
STREET ADDRESS: 9074 LEZ RD. ST
CITY-STATE-ZIP: JACKSONVILLE FL 32210

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: 000000596397
01/23/07-80078-005 61.25

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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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 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:

Irene Grimstead

1-18-07 904.771.3317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR