FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:24

DOCUMENT # N93000005461 (9)

1. Corporation Name
ALL FLORIDA SADDLE CLUB OF ARCADIA, INC.

Principal Place of Business	Mailing Address
1299 SE HARGRAVE ARCADIA FL 33821	P.O. BOX 1263 ARCADIA FL 33821 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0462605 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR
124 N BREVARD AVENUE
ARCADIA FL 33821

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BROWN, ADELLE	1.2 NAME	Decker, D.B.	
STREET ADDRESS	150 SOUTH OSCEOLA AVENUE	1.3 STREET ADDRESS	4923 N.W. C.R.661A	
CITY-ST-ZIP	ARCADIA FL	1.4 CITY-ST-ZIP	Arcadia Fl. 33821	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BEVIS, HAL	2.2 NAME	Evans, Jocelyn	
STREET ADDRESS	P.O. BOX 147 N/A	2.3 STREET ADDRESS	1305 E. Cypress St.	
CITY-ST-ZIP	ARCADIA FL	2.4 CITY-ST-ZIP	Arcadia Fl. 33821	
TITLE	PD	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	COURT, JOHN F	3.2 NAME	Koenig, Carol	
STREET ADDRESS	2154 N.W. PINEWOOD AVENUE	3.3 STREET ADDRESS	1264 N.E. Childress Ave.	
CITY-ST-ZIP	ARCADIA FL	3.4 CITY-ST-ZIP	Arcadia Fl. 33821	
TITLE	VD	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	LAND, TED	4.2 NAME	Murphy, Thomas J.	
STREET ADDRESS	810 W IMOGENE STREET	4.3 STREET ADDRESS	1923 N.E. Diamond K St.	
CITY-ST-ZIP	ARCADIA FL 33821	4.4 CITY-ST-ZIP	Arcadia Fl. 33821	
TITLE	SD	5.1 TITLE	T/D	☒ Change ☐ Addition
NAME	COURT, CHERYL	5.2 NAME	Parker, Joan A.	
STREET ADDRESS	2154 N.W. PINEWOOD AVENUE	5.3 STREET ADDRESS	2155 N.W. Pine Wood Ave.	
CITY-ST-ZIP	ARCADIA FL	5.4 CITY-ST-ZIP	Arcadia Fl. 33821	
TITLE	T	6.1 TITLE	P/D	☒ Change ☐ Addition
NAME	PARKER, JOAN	6.2 NAME	Watson, Jane E.	
STREET ADDRESS	2155 N.W. PINEWOOD AVENUE	6.3 STREET ADDRESS	803 W. Imogene St.	
CITY-ST-ZIP	ARCADIA FL	6.4 CITY-ST-ZIP	Arcadia Fl. 33821	

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)(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: Joan A. Parker Joan A. Parker 2/9/95 813-494-0223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0057376