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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000005461 (9)

1. Corporation Name

ALL FLORIDA SADDLE CLUB OF ARCADIA, INC.

Principal Place of Business

1299 SE HARGRAVE
ARCADIA FL 33821

Mailing Address

P.O. BOX 1263
ARCADIA FL 34265-1263
US



3. Date Incorporated or Qualified
12/06/1993

3a. Date of Last Report
02/05/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

Country

34266

2a. Mailing Address

26 Suite, Apt #, etc.

28 City & State

29 Zip

Country

34265

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code
34266

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DECKER, D B	
STREET ADDRESS	11731 SE WOLF AVENUE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BISHOP, BEVERLY	
STREET ADDRESS	7304 SE BACON TERRACE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	QUALE, KYLE	
STREET ADDRESS	POST OFFICE BOX 639 N/A	
CITY-ST-ZIP	NOCATEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COURT, JOHN F.	
STREET ADDRESS	2154 SW PINE WOOD AVENUE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PARKER, JOAN A	
STREET ADDRESS	2155 NW PINE WOOD AVE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, JANE E	
STREET ADDRESS	803 W IMOGENE ST	
CITY-ST-ZIP	ARCADIA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brenda Bennett
2.3 STREET ADDRESS	1193 S.E. Piggyback Rd
2.4 CITY-ST-ZIP	ARCADIA FL 34266
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Connie Murphy
3.3 STREET ADDRESS	RT 1 Box 4
3.4 CITY-ST-ZIP	ONA FL 33865
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Rick Bennett
6.3 STREET ADDRESS	1193 S.E. Piggyback Rd.
6.4 CITY-ST-ZIP	ARCADIA FL 34266

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:

Joan A. Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan A. Parker

Date

1/9/97

941-494-0223

Daytime Phone # 0083925

CR2E037 (9/96)