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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005461 (9)**

1. Corporation Name

ALL FLORIDA SADDLE CLUB OF ARCADIA, INC.

Principal Place of Business	Mailing Address
1299 SE HARGRAVE ARCADIA FL 34266 US	P.O. BOX 1263 ARCADIA FL 34265 US

3. Date Incorporated or Qualified

12/06/1993

4. FEI Number

65-0462605

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALDRON, EUGENE E JR
124 N BREVARD AVENUE
ARCADIA FL 34266

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" 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	BENNETT, BRENDA	
STREET ADDRESS	1193 S.E. PIGGY BACK RD	
CITY-ST-ZIP	ARCADIA FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, CONNIE	
STREET ADDRESS	RT 1 BOX 4	
CITY-ST-ZIP	ONA FL	

TITLE	VD	<input checked="" 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	BENNETT, RICK	
STREET ADDRESS	1193 S.E. PIGGY BACK RD	
CITY-ST-ZIP	ARCADIA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DECKER, D.B.	
1.3 STREET ADDRESS	11731 S.E. WOLF AVE	
1.4 CITY-ST-ZIP	ARCADIA, FL 34266	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEWIS, MARGARET	
2.3 STREET ADDRESS	5030 PRESIDENT AVE. S.W.	
2.4 CITY-ST-ZIP	ONA, FL 33865-9739	

3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CALE, CHRISTINA	
3.3 STREET ADDRESS	5029 N.W. DILL RD	
3.4 CITY-ST-ZIP	ARCADIA, FL 34266	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GRAY, OBE	
4.3 STREET ADDRESS	4812 N.W. ROYAL PALM DR.	
4.4 CITY-ST-ZIP	ARCADIA, FL 34266	

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CONRAD, JACK	
6.3 STREET ADDRESS	1538 S.E. WEST FARM RD.	
6.4 CITY-ST-ZIP	ARCADIA, FL 34266	

14. I 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 JOAN A. PARKER

1/5/98 (944) 494-0323

CR2E037 (10/97)