

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005461

1. Corporation Name

ALL FLORIDA SADDLE CLUB OF ARCADIA, INC.

Principal Place of Business

1299 SE HARGRAVE
ARCADIA FL 34266
US

Mailing Address

P.O. BOX 1263
ARCADIA FL 34265
US

FILED
Feb 23, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

12/06/1993

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

9. Name and Address of Current Registered Agent

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

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

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 VD ☒ DELETE
NAME DECKER, D B
STREET ADDRESS 11731 SE WOLF AVE
CITY-ST-ZIP ARCADIA FL 34266

TITLE D ☒ DELETE
NAME LEWEY, MARGARET
STREET ADDRESS 5030 PRESCOTT AVE SW
CITY-ST-ZIP ONA FL 33865

TITLE SD ☐ DELETE
NAME CALE, CHRISTINA
STREET ADDRESS 5029 NW DILL RD
CITY-ST-ZIP ARCADIA FL 34266

TITLE VD ☐ DELETE
NAME GRAY, OBE
STREET ADDRESS 4812 NW ROYAL PALM DR
CITY-ST-ZIP ARCADIA FL 34266

TITLE TD ☐ DELETE
NAME PARKER, JOAN A
STREET ADDRESS 2155 NW PINE WOOD AVE
CITY-ST-ZIP ARCADIA FL 34266

TITLE PD ☐ DELETE
NAME CONRAD, JACK
STREET ADDRESS 1538 SE WEST FARM RD
CITY-ST-ZIP ARCADIA FL 34266

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME COURT, JF
1.3 STREET ADDRESS 2154 N.W. Pine Wood Ave
1.4 CITY-ST-ZIP ARCADIA, FL. 34266

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME GRAY, SHARON
2.3 STREET ADDRESS 4812 N.W. ROYAL PALM DRIVE
2.4 CITY-ST-ZIP ARCADIA, FL. 34266

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Joan A. Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Parker, Treas.

1/11/99 941-494-0223
Date Daytime Phone #

0068428

CR2E037 (11/98)