

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90033 010 ****61.25

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1. Entity 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

34011471



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0462605

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERMANN, SUSAN
207 E. MAGNOLIA ST
ARCADIA FL 34266

7. Name and Address of New Registered Agent

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, 2004

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 VD
NAME BRANTLEY, TERRY ☐ Delete
STREET ADDRESS PO BOX 603
CITY-ST-ZIP ARCADIA FL 34265

TITLE D
NAME HOLT, SHERYL ☒ Delete
STREET ADDRESS 6331 SW SABLE AVE.
CITY-ST-ZIP ARCADIA FL 34266

TITLE SD
NAME GIBSON, MARLA ☐ Delete
STREET ADDRESS 3298 SE ARTHUR ST
CITY-ST-ZIP ARCADIA FL 34266

TITLE VD
NAME BRANTLEY, JAMES ☐ Delete
STREET ADDRESS PO BOX 603
CITY-ST-ZIP ARCADIA FL 34265

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

TITLE PD
NAME CONNER, DEE ☐ Delete
STREET ADDRESS 2461 N.W. PINECREST AVE.
CITY-ST-ZIP ARCADIA FL 34266

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CHRISTINA CALE ☒ Change ☐ Addition
STREET ADDRESS 5029 N.W. DILL RD
CITY-ST-ZIP ARCADIA, FL 34266

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

JOAN A. PARKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04
Date

863-494-0223
Daytime Phone #