


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000005461			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0462605		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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) No Change City FL Zip Code	
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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.

U000000307683
04/15/05-80064-009 61.25

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BRANTLEY, TERRY PO BOX 603 ARCADIA FL 34265 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition No Change or Additions
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALE, CHRISTINA 5029 N.W. DILL ROAD ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition No Change
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GIBSON, MARLA 3298 SE ARTHUR ST ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition No Change
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BRANTLEY, JAMES PO BOX 603 ARCADIA FL 34265 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition No Change
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PARKER, JOAN A 2155 NW PINE WOOD AVE ARCADIA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition No Change
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CONNER, DEE 2481 N.W. PINECREST AVE. ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition No Change

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 JOAN A. PARKER 4/8/05 863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 494-0223