

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000004724 (9)

1. Corporation Name

SEARCHERS ON SADDLES, INC.



Principal Place of Business 3087 HARLOCK RD MELBOURNE, FL 32934		Mailing Address P.O. BOX 360423 MALABAR FL 32950-391 US 1973 GAUVA AVE Melbourne FL 32935		3. Date Incorporated or Qualified 10/06/1995	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-3354844	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KILIAN, JERRY E
116 CROWN AVE NE
PALM BAY FL 32907

81 Name
PATTI ROGERS
82 Street Address (P.O. Box Number is Not Acceptable)
3087 HARLOCK RD
P.O. BOX 360423
83
32934
MELBOURNE, FLORIDA
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: *Patti Rogers* 3/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME LENT, PATRICIA STREET ADDRESS 2815 GRANT ROAD CITY-ST-ZIP GRANT FL 32949 President	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D NAME RALPH DURHAM 1.2 STREET ADDRESS 3087 HARLOCK RD 1.3 CITY-ST-ZIP MELBOURNE, FL. 32934 President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ROGERS, PATRICIA STREET ADDRESS 3000 PINWOOD RD CITY-ST-ZIP MELBOURNE FL Secretary	<input type="checkbox"/> DELETE	2.1 TITLE D NAME Rogers, Patricia 2.2 STREET ADDRESS 3087 HARLOCK RD 2.3 CITY-ST-ZIP Melbourne FL 32934 Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KILIAN, JERRY E STREET ADDRESS 116 CROWN AVE CITY-ST-ZIP PALM BAY FL Treasurer	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D NAME KATHLEEN SHARP 3.2 STREET ADDRESS 3087 HARLOCK ROAD 3.3 CITY-ST-ZIP MELBOURNE, FL. 32934 Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patti Rogers* 3/27/98

CR2E037 (10/97)