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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 20 1997 8:00am  
Secretary of State

DOCUMENT # N96000000762 (2)

1. Corporation Name

THE BAKER COUNTY RIDING CLUB, INCORPORATED



Principal Place of Business

Mailing Address

2 RED TOP ROAD  
MACCLENNEY FL 32063

2 RED TOP ROAD  
MACCLENNEY FL 32063-2695

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Baker Co. Riding Club  
Suite, Apt. #, etc.

22 City & State

27 P.O. Box 1504  
City & State

23 Zip

Country

28 Glen St. Mary, FL  
Zip

Country

24

25

29 32040

30

U.S.A

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
02/12/1996

3a. Date of Last Report  
2/12/96

4. FEI Number

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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 PD  
NAME CHAVERS, ROBERT C  
STREET ADDRESS 2 RED TOP ROAD  
CITY-ST-ZIP MACCLENNEY FL 32063

DELETE

TITLE VD  
NAME ROWE, CHARLES M  
STREET ADDRESS FT 1, BOX 378  
CITY-ST-ZIP MACCLENNEY FL 32063

DELETE

TITLE SD  
NAME BALES, MARY CATHERINE  
STREET ADDRESS RT 2, BOX 254-A  
CITY-ST-ZIP MACCLENNEY FL 32063

DELETE

TITLE TD  
NAME RIGDON, DANA B  
STREET ADDRESS RT 1, BOX A 610  
CITY-ST-ZIP MACCLENNEY FL 32063

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President PD  
1.2 NAME Laura B. Jones  
1.3 STREET ADDRESS P.O. Box 6 N/A  
1.4 CITY-ST-ZIP Glen St. Mary, FL 32040

Change Addition

2.1 TITLE Vice Pres. VD  
2.2 NAME LaDonna Sherlene Johnson  
2.3 STREET ADDRESS Rt 3, Box 221 A  
2.4 CITY-ST-ZIP Macclennney, FL 32063

Change Addition

3.1 TITLE Secretary SD  
3.2 NAME Polly C. Griffis  
3.3 STREET ADDRESS Rt. 1, Box 1990  
3.4 CITY-ST-ZIP Glen St. Mary, FL 32040

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

14. I do 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.

CR2E037 (9/96)