FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

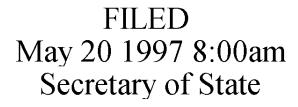
Secretary of State DIVISION OF CORPÓRATIONS

DOCUMENT # N96000000762 (2)

THE BAKER COUNTY RIDING CLUB, INCORPORATED

Principal Place of Business

Mailing Address



2 RED TOP ROAD MACCLENNY FL 32063		2 RED TOP ROAD MACCLENNY FL 32063-2695						
					3. Date Incorporated or Qualified 3 02/12/1996	a. Date of Last Re		
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	V Ap	plied For		
21		261 Baker Co. Riding Club		bl	No	t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27 PO Box 1			Fee Required			
City & State)	City & State			6. Election Campaign Financing	, , , , , , , , , , , , , , , , , , , ,		
23		28 Glen 5t. M	JUAT	<u> </u>	Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip 29 32040 30	Country	Δ	8. This corporation has liability for intan		199.032,	
24	9, Name and Address of Current	29 32040 30 Registered Agent	<u>د بر ۱</u>	· U _	Florida Statutes Ye 10. Name and Address of New Register			
	e, manio and radioss of ourion	tiogistico Agont	81	Name	to, radio and Address of New Hegist	orou Agont		
RDOWN	TERENCE M							
			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		-	
486 N TEMPLE AVENUE STARKE FL 32091								
DIMINE	16 02091		83					
			84	City		85 Zip C	Code	
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-	named co	orporation submits this statement for the purpo	ose of changing its	s registered	
Office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized by	the corpo	ration's board of directors. I hereby accept the	e appointment as	registered	
SIGNATURE _	tarifinar triar, and addept the ephige		a Olalolos.				1	
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable (NOT6 : Re	egistered Agen	t signature re	quired when reinstating) D	ATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		S IN 12	
TITLE	PD	≥ DELETE	1.1 TITLE	1	President PD	Change Change	S IN 12 G	
NAME	CHAVERS, ROBERT C	1.2 N			Laura B. Jones		2	
STREET ADDRESS	2 RED TOP ROAD		1.8 STREET A		POBOY G N/A	_	ان	
CITY-ST-ZIP	MACCLENNY FL 32063		1.4 City-St		slen St. Mary Fl. 32	<u>040</u>	&	
TITLE	VD	DETELE	2 1 TITLE		vice Pres. VD°	Change	Addition C	
NAME			2.2 NAME	l,	a Donna Sherlene U	ohnson	,	
STREET ADDRESS	FT 1, BOX 376		2.8 STREET ADDRESS R+		R+ 3, BOX 221 A		į	
CITY-ST-ZIP	MACCLENNY FL 32063		2.4 CITY-ST	I - ZIP	macclenny, Fl. 320) & §		
TITLE	SD.	DELETE	3.) TITLE		secretary 50	Change	Addition	
NAME	BALES, MARY CATHERINE		3 2 NAME		Polly C. Griffis		i	
STREET ADDRESS	RT 2, BOX 254-A		3 8 STREET A	ADDRESS	Rt. 1, Box 1990	ـ بيـ م		
CITY-ST-ZIP	MACCLENNY FL 32063	D posts	3 4. CITY-ST	I-ZIP 🧲	elen St. Mary, Fl. 3	2040		
TITLE	TD	☐ DELETE	4.1 TITLE		•	L Change	Addition	
NAME	RIGDON, DANA B		4.2 NAME					
STREET ADDRESS	RT 1, BOX A 610		4.9 STREE1 A	4				
CITY-ST-ZIP	MACCLENNY FL 32063	DELETE	4.4 CITY-ST	- ZIP		Oberes	T Addition	
TITLE		∐ DELETE	5.1 TITLE	}		∐ Change	L Addition	
NAME:			5.2 NAME		•			
STREET ADDRESS	•		5.3 STREET A	1				
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST 6.1 TITLE	- ZIP		☐ Change	Addition	
TITLE		☐ NETELIE	6.2 NAME	ľ		☐ cuarifie	Mudition [
NAME DEDUCE ADDRESS				DDDCC0			ľ	
STREET ADDRESS			6.8 STREET A					
CITY-ST-ZIP	and the later later and the later	1 20 01 22	6.4 CITY-ST	- ZIP	440.07/07/3 5/			

red nereby 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 13 if changed, or on an attachment with an address.