

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90029 025 \*\*\*\*61.25

**DOCUMENT # N97000001158**

1. Entity Name  
**FELLSMERE RIDING CLUB, INC.**



Principal Place of Business  
**99TH STREET  
FELLSMERE, FL 32948**

Mailing Address  
**P O BOX 901  
FELLSMERE, FL 32948 US**

**50000902**



01092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0180378**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LEDFOORD, KAREN**  
~~12950 103RD ST~~ **14850 107 ST**  
**FELLSMERE, FL 32948**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee Is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TOOMEY, FRANK
STREET ADDRESS	13835 79TH STREET
CITY - ST - ZIP	FELLSMERE, FL 32948
TITLE	V
NAME	LATHERO, ROBERT
STREET ADDRESS	11155 138TH AVE
CITY - ST - ZIP	FELLSMERE, FL 32948
TITLE	S
NAME	LEDFOORD, KAREN
STREET ADDRESS	<del>12950 103RD STREET</del> <b>14850 107 ST</b>
CITY - ST - ZIP	FELLSMERE, FL 32948
TITLE	T
NAME	WILSON, JEFF
STREET ADDRESS	2460 85TH AVE
CITY - ST - ZIP	VERO BEACH, FL 32966
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**VOID**  
01/16/07 90029 025 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/10/07 782161999**