2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N97000001158

Entity Name: FELLSMERE RIDING CLUB, INC.

Current Principal Place of Business:

99TH STREET
FELLSMERE, FL 32948

New Principal Place of Business:

13101 99TH STREET
FELLSMERE, FL 32948

Current Mailing Address:

P O BOX 901
FELLSMERE, FL 32948 US

New Mailing Address:

FEI Number: 65-0180378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEDFORD, KAREN
14850 107 ST
FELLSMERE, FL 32948 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	TOOMEY, FRANK	
Address:	13835 79TH STREET	
City-St-Zip:	FELLSMERE, FL 32948	
Title:	D	( ) Delete
Name:	LATHERO, ROBERT	
Address:	11155 138TH AVE	
City-St-Zip:	FELLSMERE, FL 32948	
Title:	S	( ) Delete
Name:	LEDFORD, KAREN	
Address:	14850 107 ST	
City-St-Zip:	FELLSMERE, FL 32948	
Title:	T	( ) Delete
Name:	LEMAY, LORI	
Address:	46 N. WILLOW AVE	
City-St-Zip:	FELLSMERE, FL 32948	
Title:	P	( ) Delete
Name:	WAYNE, HENDERSON	
Address:	11120 COUNTY ROAD 507B	
City-St-Zip:	FELLSMERE, FL 32948	
Title:	D	( ) Delete
Name:	BRADLEY, JOHN	
Address:	7705 91ST AVE	
City-St-Zip:	BERO BEACH, FL 32967 37	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: K LEDFORD S 04/15/2009

Electronic Signature of Signing Officer or Director — Date