

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005011

FILED  
Mar 09, 2010  
Secretary of State

**Entity Name:** HAMILTON COUNTY RIDING CLUB, INC.

**Current Principal Place of Business:**

LYNN LAKE ROAD  
JASPER, FL 32052 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 907  
JASPER, FL 32052 US

**New Mailing Address:**

**FEI Number:** 59-3480536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.  
1406 HAYS ST  
SUITE 2  
TALLAHASSEE, FL 32031 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:** P  
**Name:** GODWIN, GARY  
**Address:** 4122 SW 90TH BLVD  
**City-St-Zip:** JASPER, FL 32052

**Title:** T  
**Name:** DANIELS, MAUREEN  
**Address:** 7082 STATE ROAD 6 WEST  
**City-St-Zip:** JASPER, FL 32052

**Title:** VP  
**Name:** WETHERINGTON, LINDA  
**Address:** 2725 NW US HWY 129  
**City-St-Zip:** JASPER, FL 32052

**Title:** S  
**Name:** GODWIN, GINNY  
**Address:** 4122 NW 15TH AVE  
**City-St-Zip:** JASPER, FL 32052

**Title:** VP2  
**Name:** MCCOY, RICHIE  
**Address:** 440 NW 15TH AVE  
**City-St-Zip:** JASPER, FL 32052

I hereby 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 all other like empowered.

**SIGNATURE:** MAUREEN DANIELS

T

03/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date