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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

578382 - 90008 - 21

DOCUMENT # N98000005510

1. Corporation Name

CITY OF PINELLAS PARK EQUINE RIDERS, INC.

Principal Place of Business	Mailing Address
8800 60TH STREET NORTH PINELLAS PARK FL 33782	8800 60TH STREET NORTH PINELLAS PARK FL 33782

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/22/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ☒ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TINGLER, CELESTE
8800 60TH STREET NORTH
PINELLAS PARK FL 33782

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	CHRISTIAN, THERESE		1.2 NAME	MICHELLE DRAIN	
STREET ADDRESS	6199 94TH AVENUE NORTH		1.3 STREET ADDRESS	6301 - 86th Avenue North	
CITY-ST-ZIP	PINELLAS PARK FL 33782		1.4 CITY-ST-ZIP	Pinellas Park FL 33782	
TITLE	V	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	POWERS, GEORGANN		2.2 NAME	Vicki Hudgins	
STREET ADDRESS	9595 66TH STREET NORTH		2.3 STREET ADDRESS	6310 - 86th Avenue North	
CITY-ST-ZIP	PINELLAS PARK FL 33782		2.4 CITY-ST-ZIP	Pinellas Park FL 33782	
TITLE	T	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	FORSETH, SANFIELD		3.2 NAME	Celeste Tingler	
STREET ADDRESS	6281 86TH AVENUE NORTH		3.3 STREET ADDRESS	8800 - 60th Street North	
CITY-ST-ZIP	PINELLAS PARK FL 33782		3.4 CITY-ST-ZIP	Pinellas Park FL 33782	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PIERSON, CATHY		4.2 NAME		
STREET ADDRESS	5418 PARKSIDE VILLAS DRIVE WEST		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33709		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Celeste Tingler **REQUIRED** 4/12/99 727-546-4338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #