

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000005510

1. Entity Name
CITY OF PINELLAS PARK EQUINE RIDERS, INC.



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

Mailing Address
8800 60TH STREET NORTH
PINELLAS PARK, FL 33782



04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3572277

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000121322
04/20/04-80047-007 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
POWERS, GEORGANN
9595 66TH STREET NORTH
PINELLAS PARK, FL 33782

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
FORSETH, SANFIELD
6281 86TH AVENUE NORTH
PINELLAS PARK, FL 33782

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
MCFARLAND, TRISH
8421 62ND ST N
PINELLAS PARK, FL 33781

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DRAIN, MICHELLE
6301 86TH AVE NORTH
PINELLAS PARK, FL 33782

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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 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]* SANFIELD FORSETH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

727-546-4338

Daytime Phone #