

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 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



02012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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	

U00000219094
02/08/05-80013-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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

2-2-05

727-546-4338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #