

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005510

FILED  
Apr 22, 2007  
Secretary of State

**Entity Name:** CITY OF PINELLAS PARK EQUINE RIDERS, INC.

**Current Principal Place of Business:**

6281 86TH AVENUE NORTH  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

6281 86TH AVENUE NORTH  
PINELLAS PARK, FL 33782

**New Mailing Address:**

**FEI Number:** 59-3572277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TINGLER, CELESTE  
8800 60TH STREET NORTH  
PINELLAS PARK, FL 33782 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: PT ( ) Delete  
Name: POWERS, GEORGANN  
Address: 9595 66TH STREET NORTH  
City-St-Zip: PINELLAS PARK, FL 33782

Title: T ( ) Delete  
Name: FORSETH, SANFIELD  
Address: 6281 86TH AVENUE NORTH  
City-St-Zip: PINELLAS PARK, FL 33782

Title: ST ( ) Delete  
Name: MCFARLAND, TRISH  
Address: 8421 62ND ST N  
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete  
Name: DRAIN, MICHELLE  
Address: 6301 86TH AVE NORTH  
City-St-Zip: PINELLAS PARK, FL 33782

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SANFIELD FORSETH

T

04/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date