2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# N98000005510

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 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 03/10/2008

Electronic Signature of Signing Officer or Director — Date