

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N98000006362

1. Entity Name
PINELLAS EQUESTRIAN PARK, INCORPORATED



Principal Place of Business

**9200 95TH STREET
LARGO, FL 33777**

Mailing Address

**9200 95TH STREET
LARGO, FL 33777**



04132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3546571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEYMOUR, PATRICIA A
9200 95TH STREET
LARGO, FL 33777**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: FLIPPIN, BARBARA
STREET ADDRESS: 9700 90TH AVENUE N.
CITY-ST-ZIP: LARGO, FL 33777

TITLE: D
NAME: FLIPPIN, RICHARD
STREET ADDRESS: 9700 90TH AVE NO.
CITY-ST-ZIP: LARGO, FL 33777

TITLE: D
NAME: BAUM, JUDY
STREET ADDRESS: 8690 RUE CHATEAUX DR
CITY-ST-ZIP: LARGO, FL 33777

TITLE: D
NAME: BAUM, JESSEE
STREET ADDRESS: 8690 RUE CHATEAUX DR
CITY-ST-ZIP: LARGO, FL 33777

TITLE: PD
NAME: HENTER, MEL
STREET ADDRESS: 9012 86TH AVE
CITY-ST-ZIP: LARGO, FL 33777

TITLE: SD
NAME: SEYMOUR, PATRICIA
STREET ADDRESS: 9200 95TH STREET
CITY-ST-ZIP: LARGO, FL 33777

**DO NOT WRITE
IN THIS SPACE**

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04/25/07-80033-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07 (727) 391-1989

Date

Daytime Phone #