


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002757
 1. Entity Name
 TOMORROWS EQUESTRIAN CENTER, INC.



Principal Place of Business Mailing Address
 18123 N.W. 150TH AVE PO BOX 598
 WILLISTON, FL 32696 WILLISTON, FL 32696



03032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 01-0670216 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ARBOUR, SANDRA A
 18123 NW 150TH AVE
 WILLISTON, FL 32696

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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: *Sandra A Arbour* DATE: 3/3/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

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	DP ARBOUR, SANDRA A 18123 N.W. 150TH AVE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHOEPP, ROBERT 8750 NW 136TH AVE RD OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CONIBEAR, DEANA R 9616 SE 164TH PLACE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LONG, CAROL J 1749 SE 59TH STREET OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/07/05-80096-013 61.25

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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: *Sandra A Arbour* DATE: 3/3/05 OFFICE PHONE: (352) 578-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #