

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002757

FILED
Jan 10, 2006
Secretary of State

Entity Name: TOMORROWS EQUESTRIAN CENTER, INC.

Current Principal Place of Business:

18123 N.W 150TH AVE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

PO BOX 598
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 01-0670216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARBOUR, SANDRA A
18123 NW 150TH AVE
WILLISTON, FL 32696 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: DP () Delete
Name: ARBOUR, SANDRA A
Address: 18123 N.W 150TH AVE
City-St-Zip: WILLISTON, FL 32696

Title: DV () Delete
Name: SCHOEPF, ROBERT
Address: 8750 NW 136TH AVE RD
City-St-Zip: OCALA, FL 34482

Title: DS () Delete
Name: CONIBEAR, DEANA R
Address: 9616 SE 164TH PLACE
City-St-Zip: SUMMERFIELD, FL 34491

Title: DT () Delete
Name: LONG, CAROL J
Address: 1749 SE 59TH STREET
City-St-Zip: OCALA, FL 34480

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: SANDRA ARBOUR

P

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date