

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002757

FILED  
Apr 29, 2009  
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 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 A ARBOUR

DP

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date