

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007824

FILED  
May 16, 2005  
Secretary of State

Entity Name: THUNDER BAY HORSE RESCUE, INC.

## Current Principal Place of Business:

550 BOSPHOROUS AVE.  
TAMPA, FL 33606 US

## New Principal Place of Business:

## Current Mailing Address:

550 BOSPHOROUS AVE.  
TAMPA, FL 33606 US

## New Mailing Address:

FEI Number: 57-1194100      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

SPARN, LINDA  
550 BOSPHOROUS AVE.  
TAMPA, FL 33606 US

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: P (X) Delete  
Name: WEHSE, BARBARA  
Address: 509 CHITTING FORD CLOSE  
City-St-Zip: PALM HARBOR, FL 34683

Title: ST ( ) Delete  
Name: SPARN, LINDA  
Address: 550 BOSPHOROUS AVE  
City-St-Zip: TAMPA, FL 33606

Title: V ( ) Delete  
Name: AMORY, GILLIAN  
Address: 4801 LASTRADA CT  
City-St-Zip: LUTZ, FL 33558

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: AMORY, GILLIAN  
Address: 4801 LASTRADA CT  
City-St-Zip: LUTZ, FL 33558

Title: VP ( ) Change (X) Addition  
Name: JACK, SPARN  
Address: 550 BOSPHOROUS AVE  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA E. SPARN

AT

05/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date