

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007824

FILED
Mar 04, 2007
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 ()

Name and Address of Current Registered Agent:

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

Title: P () Delete
Name: AMORY, GILLIAN
Address: 14500 NW HWY 464B
City-St-Zip: MORRISON, FL 32668 US

Title: VP () Delete
Name: JACK, SPARN
Address: 550 BOSPHORUS AVE
City-St-Zip: TAMPA, FL 33606 US

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:

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: LINDA SPARN

ST

03/04/2007

Electronic Signature of Signing Officer or Director

Date