

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007824

FILED
Apr 27, 2009
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:

5428 DEERBROOKE CK CIR
APT #23
TAMPA, FL 33624 US

Current Mailing Address:

550 BOSPHOROUS AVE.
TAMPA, FL 33606 US

New Mailing Address:

5428 DEERBROOKE CK CIR
APT #23
TAMPA, FL 33624 US

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 BOSPHOROUS AVE.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

COMBS, JESSICA
5428 DEERBROOKE CK CIR
TAMPA, FL 33624 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: JESSICA COMBS

04/27/2009

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 BOSPHOROUS AVE
City-St-Zip: TAMPA, FL 33606 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COMBS, JESSICA
Address: 5428 DEERBROOKE CK CIR
City-St-Zip: TAMPA, FL 33624 US

Title: VP (X) Change () Addition
Name: AMORY, GILLIAN
Address: 14500 NW HWY 464B
City-St-Zip: MORRISON, FL 32668 US

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

Title: S () Change (X) Addition
Name: SPARN, LINDA
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 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: JESSICA COMBS

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date