

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001231

FILED
Jun 17, 2009
Secretary of State

Entity Name: HOWARD'S THERAPEUTIC RIDING SERVICE, INC

Current Principal Place of Business:

504 BREEZEWOOD DR
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

504 BREEZEWOOD DR
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 33-1190867 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:

HOWARD, HUEY
504 BREEZEWOOD DR
IMMOKALEE, FL 34142 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: PD () Delete
Name: HOWARD, HUEY
Address: 504 BREEZEWOOD DR
City-St-Zip: IMMOKALEE, FL 34142

Title: V () Delete
Name: HOWARD, VANESSA
Address: 707 PALM RIDGE DRIVE
City-St-Zip: IMMOKALEE, FL 34142

Title: T () Delete
Name: NOBLE, ERCEL
Address: 550 NORTH 19TH ST. LOT 8
City-St-Zip: IMMOKALEE, FL 34142

Title: S () Delete
Name: NOBLE, ERCEL
Address: 550 NORTH 19TH ST. LOT 8
City-St-Zip: IMMOKALEE, FL 34142

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: HUEY HOWARD

PD

06/17/2009

Electronic Signature of Signing Officer or Director

_____ Date