FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name N34253

(7)

RETIREMENT HOME FOR HORSES, INC.

Principal Place of Business		Mailing Address			I JUDIHAN DEB INNI DIBAD INDU DIDA	HIR BERN RIGHT REGIL	OVORE MININ MENNI ENDES
20213 NW 235 P. O. BOX 216 ALACHUA FL	P. O. BOX 2100 ALACHUA FL 32615-2100				·····		
US		US		3. Date Incorporated or Qualified 09/15/1989	09/15/1989 3a. Date of Last Report 05/01/1995		
2. Principal Pla	ace of Business	2a. Mailing Address 26		•	4. FEI Number NOT APPLICABLE		Applied For Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	T 1	.75 Additional
City & State)	City & State			Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be
Zip	Country	Zip	Count	lry	8. This corporation has liability for it		
24	25	²⁹ 32616-2100 ³	0			Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent 81 Name			
•			ľ	Name			
MURPHY, MELISSA JAY			Ē	Street Add	dress (P.O. Box Number is Not Acceptable	e)	
703 NE 1ST STREET				13			
4 SUITE C							
GAINESV	/ILLE FL 32601		E	14 City		FL 85	Zip Code
1. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes, 1	he above	e-named corpo	oration submits this statement for the pur	oose of changing	its registered office
or register familiar wit	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authorized t tion 617.0503, Florida Statutes.	by the co	rporation's bo	ard of directors. I hereby accept the appo	intment as regist	ereciagent. Lam
SIGNATURE							
				gent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRE	CTORS IN 12
112. 111LE	DPT	DELETE	13. 1.1 TITL	E	ADDITIONAL TO CITY	☐ Cha	
NAME	GREGORY, PETER F.	-	1.2 NAN				_
STREET ADDRESS	COUNTRY ROAD 235A		1.3 STR	EET ADORESS			
CITY-ST-ZIP	ALACHUA FL		1.4 CITY	-ST-ZIP			
TITLE	DVS	DELETE	2.1 TITL	E		Cha	nge 🔲 Addition
NAME	GREGORY, MARY		2 2 NAN	tE .			İ
STREET ADDRESS	COUNTRY ROAD 235A		2.3 STR	EET ADDRESS			
CITY-ST-ZIP	ALACHUA FL			Y-ST-ZIP			en saer-
TITLE	D	☐ CELETE	3.1 TITL			☐ Cha	nge 🔲 Addition
NAME	YOHO, TED S		3.2 NAN				
STREET ADDRESS	8209 SW 95TH LANE			EET ADDRESS			,
CITY-ST-ZIP TITLE	GAINESVILLE FL D	DOELETE	4.1 TITL	Y-ST-ZIP		[] Cha	nge Addition
NAME	JENSEN, HOLLY	Д	4. 2 NAI				•
STREET ADDRESS	11714 SW 89 STREET			EET ADDRESS	8000017:	29190	
CITY-ST-ZIP	GAINESVILLE FL			(-ST-ZIP	8000017: -03/01/96010	140015	,
TITLE	D	DELETE	51 TITL		***61.25	☐ Cha	nge Addition
NAME	STINE, GENE		52 NAM	1E			
STREET ADDRESS	280 W MARTIN LUTHER KING	3 BLVD.	53 STR	EET ADDRESS			
CITY - ST - ZIP	ALACHUA FL			(-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		DELETE	61 TITL			Cha	inge □ Addition
NAME			6.2 NAN				0/10
STREET ADDRESS				EET ADDRESS		_	11 / 1/2/
CITY-ST-ZIP	by certify that the information supplied	with this filing is voluntarily furnished		r-ST-ZIP oes not qualify	for the exemption stated in Section 119.	07(3)(k), Florida	tatues I furbeir
14. 100 HOLDE	23 COLUMN THE THE THE THEOLITICATION SUPPLIED	THE RESIDENCE OF STREET, STREE		July 10. quality			-1 X

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect at invalid 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 in Block 12 or Block 13
SIGNATURE:

904/462-1001 FEBRUARON 22, 1996 Coyline Phone