

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 13 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # N34253 (7)**

1. Corporation Name  
**RETIREMENT HOME FOR HORSES, INC.**



Principal Place of Business: **20213 NW 235A, P. O. BOX 2100, ALACHUA FL 32615-2100, US**

Mailing Address: **P. O. BOX 2100, ALACHUA FL 32615-2100, US**

2. Principal Place of Business: [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country [25]

2a. Mailing Address: [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country [30]

3. Date Incorporated or Qualified: **09/15/1989**

4. FEI Number: **NOT APPLICABLE** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**MURPHY, MELISSA JAY**  
**703 NE 1ST STREET**  
**SUITE C**  
**GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

[81] Name  
 [82] Street Address (P.O. Box Number is Not Acceptable)  
 [83]  
 [84] City [85] Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	GREGORY, PETER F.	
STREET ADDRESS	COUNTRY ROAD 235A	
CITY-ST-ZIP	ALACHUA FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	GREGORY, MARY	
STREET ADDRESS	COUNTRY ROAD 235A	
CITY-ST-ZIP	ALACHUA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOH, TED S	
STREET ADDRESS	8209 SW 95TH LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENSEN, HOLLY	
STREET ADDRESS	11714 SW 89 STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STINE, GENE	
STREET ADDRESS	280 W MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	ALACHUA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAM HUIZENGA-VAN HAAT	
1.3 STREET ADDRESS	920 E LAS OLAS BLVD	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter F. Gregory* 2/15/98 904/4621001

CR2E037 (10/97)