

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2009
Secretary of State

DOCUMENT# N34253

Entity Name: RETIREMENT HOME FOR HORSES, INC.

Current Principal Place of Business:

20213 NW 235A
P. O. BOX 2100
ALACHUA, FL 326162100 US

New Principal Place of Business:

20213 NW 235A
P. O. BOX 2100
ALACHUA, FL 326162100 US

Current Mailing Address:

P. O. BOX 2100
ALACHUA, FL 326162100 US

New Mailing Address:

20213 NW 235A
P. O. BOX 2100
ALACHUA, FL 326162100 US

FEI Number: 59-2995523 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:

GREGORY, PETER F
20307 NW 235A
ALACHUA, FL 32616 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: D () Delete
Name: DENSLow, NORA
Address: 7445 W 72 COURT
City-St-Zip: MIAMI, FL 33145

Title: DVS () Delete
Name: GREGORY, MARY
Address: COUNTRY ROAD 235A
City-St-Zip: ALACHUA, FL 326161320

Title: D () Delete
Name: YOHO, TED S
Address: 8209 SW 95TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: VD () Delete
Name: ALEXANDER, PAM H
Address: 534 BONTONA AVE.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: DENSLow, NORA C
Address: 7445 SW 72 COURT
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: GREGORY, PETER F
Address: 20307 NW 235A
City-St-Zip: ALACHUA, FL 32616

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

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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: PETER F. GREGORY

DPT

08/29/2009

Electronic Signature of Signing Officer or Director

_____ Date