

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004314

FILED
Jul 03, 2009
Secretary of State

Entity Name: MEDICINE HORSE, INC.

Current Principal Place of Business:

SUNSHINE STABLES
4550 ULMERTON RD
PINELLAS PARK, FL 34642

New Principal Place of Business:

Current Mailing Address:

5027 THIRD AVENUE SOUTH
ST. PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 59-3399111 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:

DEBERG, BENJAMIN G
9075 SEMINOLE BLVD., SUITE C
SEMINOLE, FL 33772 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: CPD () Delete
Name: CUMMINS, TERRI
Address: 5027 THIRD AVE S
City-St-Zip: ST. PETERSBURG, FL

Title: S () Delete
Name: DANIELS, KATHERINE
Address: 12670 RIDGE RD.
City-St-Zip: LARGO, FL 33778

Title: D () Delete
Name: BANTER, DONNA
Address: 316 39TH AVE. S
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: DORCI, JACK
Address: 547 SANDHOOK RD.
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: D () Delete
Name: BUSH, LAURIE
Address: 2715 CASILLA WAY S
City-St-Zip: SAINT PETERSBURG, FL 33712

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:

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: TERRI L. CUMMINS

PRES

07/03/2009

Electronic Signature of Signing Officer or Director

Date