2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006252

Entity Name: NAPLES EQUESTRIAN CHALLENGE, INC.

FILED Jul 16, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

206 RIDGE DRIVE NAPLES, FL 34108

Current Mailing Address: New Mailing Address:

206 RIDGE DR 206 RIDGE DRIVE NAPLES, FL 34108 NAPLES, FL 34108

FEI Number: 65-0793008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

MARTINO, CAROLINE

179 RIDGE DRIVE

NAPLES, FL 34108 US

CAFFEY, MELISSA

12930 POSITANO CIR #108

NAPLES, FL 34105 US

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: MELISSA CAFFEY 07/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MARTINO, CAROLINE Name: SOLDAVINI, BRIGID

 Address:
 179 RIDGE DRIVE
 Address:
 5455 JAEGER RD

 City-St-Zip:
 NAPLES, FL 34108
 City-St-Zip:
 NAPLES, FL 34109

 Address:
 1941 MISSION DRIVE
 Address:
 3200 9TH ST. N STE 300

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:
 NAPLES, FL 34103

Title: D () Delete Title: TD (X) Change () Addition

 Name:
 BLACKWELL CONLEY, KAREN
 Name:
 RICHARDS, STEVE

 Address:
 1850 TARPON BAY DRIVE S
 Address:
 7822 GARDNER DR #102

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 NAPLES, FL 34109

Title: TD (X) Delete Title: () Change () Addition

 Name:
 CLAPPER, BRIGID S
 Name:

 Address:
 5455 JAEGER ROAD
 Address:

 City-St-Zip:
 NAPLES, FL 34109
 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: BRIGID SOLDAVINI PD 07/16/2009