

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004369

FILED
Jan 20, 2011
Secretary of State

Entity Name: GOOD HOPE EQUESTRIAN TRAINING CENTER, INC.

Current Principal Place of Business:

22155 SW 147 AVE
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

PO BOX 700016
MIAMI, FL 33170

New Mailing Address:

FEI Number: 65-0945018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASS, MARGARET M
22155 S.W. 147TH AVENUE
MIAMI, FL 33170 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: DP
Name: BAGGETT, WILLIAM
Address: 16390 S.W. 248TH ST.
City-St-Zip: HOMESTEAD, FL

Title: VP
Name: LLABRE, PH.D., MARIA
Address: PO BOX 248185
City-St-Zip: CORAL GABLES, FL 33124

Title: DT
Name: EPLING, ROBERT
Address: 28801 S.W. 157TH AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: DS
Name: ELIAS, NANCY
Address: 7685 SW 153RD STREET
City-St-Zip: MIAMI, FL 33157

Title: D
Name: JOYCE, ELIZABETH
Address: 5940 GRANADA BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: D
Name: SHEKELS, BOBBY
Address: 28100 SW 194TH COURT
City-St-Zip: HOMESTEAD, FL 33030

I hereby 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 all other like empowered.

SIGNATURE: MARGARET BASS

ED

01/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date