## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004369

FILED Jan 10, 2012 Secretary of State

Entity Name: GOOD HOPE EQUESTRIAN TRAINING CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

22155 SW 147 AVE MIAMI, FL 33170

Current Mailing Address: New Mailing Address:

PO BOX 700016 22155 SW 147 AVE MIAMI, FL 33170 MIAMI, FL 33170

FEI Number: 65-0945018 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BASS, MARGARET M 22155 S.W. 147TH AVENUE MIAMI, FL 33170 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:

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: [

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

Title: [

Name: BANGOS, NICHOLAS
Address: 1550 MADRUGA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

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: NANCY ELIAS DS 01/10/2012