

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002757

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC4056177775**

**Entity Name:** TOMORROWS EQUESTRIAN CENTER, INC.

**Current Principal Place of Business:**

16510 WEST HWY 326  
MORRISTON, FL 32668

**Current Mailing Address:**

PO BOX 598  
WILLISTON, FL 32696

**FEI Number: 01-0670216**

**Certificate of Status Desired: No**

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

ARBOUR, SANDRA A  
18123 NW 150TH AVE  
WILLISTON, FL 32696 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

**Officer/Director Detail :**

Title DP  
Name ARBOUR, SANDRA A  
Address 18123 N.W 150TH AVE  
City-State-Zip: WILLISTON FL 32696

Title DV  
Name SCHOEPP, ROBERT  
Address 8750 NW 136TH AVE RD  
City-State-Zip: OCALA FL 34482

Title DT  
Name PUTNAM, DEBBIE  
Address 411 NW 106TH AVE  
City-State-Zip: OCALA FL 34482

Title DIRECTOR  
Name BANNING, SHARON  
Address P.O. BOX 666  
City-State-Zip: FAIRFIELD FL 32634

*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: SANDRA ARBOUR**

**PRESIDENT**

**01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date