

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004369

**Entity Name:** GOOD HOPE EQUESTRIAN TRAINING CENTER, INC.**Current Principal Place of Business:**22155 SW 147 AVE  
MIAMI, FL 33170**Current Mailing Address:**22155 SW 147 AVE  
MIAMI, FL 33170**FEI Number: 65-0945018****Certificate of Status Desired: Yes****Name and Address of Current 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**Officer/Director Detail :**

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

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

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

Title	VP
Name	JOYCE, ELIZABETH ESQ.
Address	5940 GRANADA BLVD.
City-State-Zip:	CORAL GABLES FL 33146

Title	SECRETARY
Name	BANGOS, NICHOLAS ESQ.
Address	1550 MADRUGA AVENUE
City-State-Zip:	CORAL GABLES FL 33146

Title	DIRECTOR
Name	QUILLIAN, WARREN DR.
Address	6901 CAMARIN STREET
City-State-Zip:	CORAL GABLES FL 33146

Title	DIRECTOR
Name	KOENIGSBERG, DEBBY
Address	8877 SW 137TH STREET
City-State-Zip:	MIAMI FL 33176

Title	DIRECTOR
Name	PEREZ, SEAN P ESQ.
Address	1105 SW 87TH AVENUE
City-State-Zip:	MIAMI FL 33174

*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****PRESIDENT****01/17/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date