

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 13, 2009
Secretary of State

DOCUMENT# 764323

Entity Name: HORSES AND THE HANDICAPPED OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**3600 W SAMPLE ROAD
H & H BARN
COCONUT CREEK, FL 33073 US**New Principal Place of Business:****Current Mailing Address:**P.O BOX 273542
BOCA RATON, FL 334273542 US**New Mailing Address:****FEI Number:** 59-2211126**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DAVELL, CHRIS
3600 W SAMPLE RD
COCONUT CREKK, FL 33073 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:** S () Delete
Name: KEW, JESSICA
Address: 6999 NW 75TH ST
City-St-Zip: POMPANO BEACH, FL 33067**Title:** CD () Delete
Name: DAVELL, CHRIS
Address: 3847 PINE HAVEN CIRCLE
City-St-Zip: BOCA RATON, FL 33431**Title:** T () Delete
Name: GREENHILL, RICHARD
Address: 6574 N STATE RD 7
City-St-Zip: COCONUT CREEK, FL 33073**Title:** 1VCD () Delete
Name: ZIETCHICK, STAN
Address: 946 HYACINTH DRIVE
City-St-Zip: DELRAY BEACH, FL 33483**Title:** ED () Delete
Name: DEBORD, AMANDA
Address: 1434 NW 49TH AVE
City-St-Zip: COCONUT CREEK, FL 33063**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: SIMMONDS, WINSTON
Address: 5410 S.W. 148 AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33330**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
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: AMANDA DEBORD

ED

04/13/2009

Electronic Signature of Signing Officer or Director

Date