

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764323

FILED
Jan 21, 2010
Secretary of State

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
Name: KEW, JESSICA
Address: 6999 NW 75TH ST
City-St-Zip: POMPANO BEACH, FL 33067

Title: CD
Name: DAVELL, CHRIS
Address: 3847 PINE HAVEN CIRCLE
City-St-Zip: BOCA RATON, FL 33431

Title: T
Name: SIMMONDS, WINSTON
Address: 5410 S.W. 148 AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: 1VCD
Name: ZIETCHICK, STAN
Address: 946 HYACINTH DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: ED
Name: DEBORD, AMANDA
Address: 1434 NW 49TH AVE
City-St-Zip: COCONUT CREEK, FL 33063

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: AMANDA DEBORD

ED

01/21/2010

Electronic Signature of Signing Officer or Director

Date