

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818851

Entity Name: WHITE HORSE HOLDING CORPORATION

FILED
Mar 30, 2004
Secretary of State

Current Principal Place of Business:

8347 WEST RANGE COVE.
MEMPHIS, TN 381250721

New Principal Place of Business:

Current Mailing Address:

8347 WEST RANGE COVE.
MEMPHIS, TN 381250721

New Mailing Address:

FEI Number: 62-6050083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADIGAN, JOHN A JR.
318 N MONROE ST
TALLAHASSEE, FL 32302 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: PD () Delete
Name: WOLFF, JAMES A
Address: 12120 EAST MISSION, SUITE 4
City-St-Zip: SPOKANE, WA 99206

Title: VD () Delete
Name: ORMOND, GREGG
Address: 330 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: STD () Delete
Name: BROWN, JOSEPH R
Address: 6731 W. 108TH TERRACE
City-St-Zip: OVERLAND PARK, KS 66211

Title: EVD () Delete
Name: ORIAN, RAYMOND L
Address: 8347 WEST RANGE COVE.
City-St-Zip: MEMPHIS, TN 38125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: BROWN, JOSEPH R
Address: 6731 W. 108TH TERRACE
City-St-Zip: OVERLAND PARK, KS 66211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAYMOND L. ORIAN

EVD

03/30/2004

Electronic Signature of Signing Officer or Director

Date