

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004610

FILED
Mar 01, 2009
Secretary of State

Entity Name: HUMANE EQUINE AID AND RAPID TRANSPORT INC.

Current Principal Place of Business:

14440 PIERSON RD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

179 ACORN HILL DRIVE
MADISON, VA 22727

New Mailing Address:

FEI Number: 22-3740396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: BATES, JENNY
Address: 2665 FAIRWAY COVE CT
City-St-Zip: WELLINGTON, FL 33414

Title: P () Delete
Name: SWEELY, ROBIN
Address: 179 ACORN HILL DR
City-St-Zip: MADISON, VA 22727

Title: VP () Delete
Name: MACDONALD, SHARON
Address: 325 E 72, APT 17C
City-St-Zip: NEW YORK, NY 10021

Title: D () Delete
Name: STEPHENS, DEBBIE
Address: 10050 GILLET RD
City-St-Zip: PALMETTO, FL 34221

Title: T () Delete
Name: HITCHCOCK, ANTHONY
Address: PO BOX 119, 180 OLD FARM RD
City-St-Zip: SAGAPONACK, NY 11962

Title: D () Delete
Name: BRAUN, BOBBIE
Address: PO BOX 41
City-St-Zip: BRIDGEHAMPTON, NY 11932

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: JOLICOEUR, MARTHA
Address: 13579 STAIMFORD DRIVE
City-St-Zip: WELLINGTON, FL 33414

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

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

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

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

Title: D (X) Change () Addition
Name: BARTH, SHANETTE
Address: PO BOX 3013
City-St-Zip: BRIDGEHAMPTON, NY 11932

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: ANTHONY F. HITCHCOCK

T

03/01/2009

Electronic Signature of Signing Officer or Director

Date