

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005073

FILED
Apr 09, 2006
Secretary of State

Entity Name: HOPE - HORSES HELPING PEOPLE, INC.

Current Principal Place of Business:

9722 SW 153 AVE
ARCHER, FL 32618

New Principal Place of Business:

Current Mailing Address:

5333 SW 75 ST L-71
GAINESVILLE, FL 32608

New Mailing Address:

3038 SW 91 TERRACE
GAINESVILLE, FL 32608

FEI Number: 59-3671382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUEGEL, CAROL
5333 SW 75 ST L-71
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

HUEGEL, CAROL
3038 SW 91 TERRACE
GAINESVILLE, FL 32608 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:

04/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BROWN, CATHI
Address: 883 SW CUMORAH HILL ST
City-St-Zip: FT WHITE, FL 32038

Title: D () Delete
Name: TROMBINI, ANDREA
Address: 701 SOUTHWEST 62 BOULEVARD #G44
City-St-Zip: GAINESVILLE, FL 32607

Title: PD () Delete
Name: HUEGEL, CAROL
Address: 11326 SW 21 LANE
City-St-Zip: GAINESVILLE, FL 32607

Title: SD () Delete
Name: GILBERT, ANDREA
Address: 3960 NW 23 CIRCLE
City-St-Zip: GAINESVILLE, FL 32605

Title: VD (X) Delete
Name: HOPE, LISA
Address: 6215 TALLANT ROAD
City-St-Zip: MC DONALD, TN 37353

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: TROMBINI, ANDREA
Address: 701 SOUTHWEST 62 BOULEVARD #G44
City-St-Zip: GAINESVILLE, FL 32607

Title: PD (X) Change () Addition
Name: HUEGEL, CAROL
Address: 3038 SW 91 TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: VD (X) Change () Addition
Name: RAU, BETH-ANN
Address: 6060 NW 22 STREET
City-St-Zip: MICANOPY, FL 32667

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 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: CATHI N BROWN

TD

04/09/2006

Electronic Signature of Signing Officer or Director

Date