

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005073

FILED  
Jan 10, 2010  
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:**

PO BOX 1177  
ARCHER, FL 32618

**New Mailing Address:**

**FEI Number:** 59-3671382

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VANRYSDAM, MEGAN K  
11624 NW 18TH PLACE  
GAINESVILLE, FL 32606 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:** SEC  
**Name:** BROWN, CATHI  
**Address:** 883 SW CUMORAH HILL ST  
**City-St-Zip:** FT WHITE, FL 32038

**Title:** PRES  
**Name:** WALNES, AMANDA R  
**Address:** 16426 SW 137TH AVENUE  
**City-St-Zip:** ARCHER, FL 32618

**Title:** TRSR  
**Name:** VANRYSDAM, MEGAN K  
**Address:** 11624 NW 18TH PLACE  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** MMBR  
**Name:** CREWS, MARK  
**Address:** 10935 NW 32 AVE  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** MMBR  
**Name:** AYTUG, CHRISTINE  
**Address:** 3713 SW 96TH STREET  
**City-St-Zip:** GAINESVILLE, FL 32608

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:** MEGAN K VANRYSDAM

TRSR

01/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date