

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005869

FILED  
Aug 11, 2008  
Secretary of State

**Entity Name:** ST. JOHNS COUNTY HORSE COUNCIL, INC.

**Current Principal Place of Business:**

8200 SMITH RD  
HASTINGS, FL 32145

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 538  
HASTINGS, FL 32145

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

FOSTER, BEVERLY A  
4300 COUNTY ROAD 208  
ST. AUGUSTINE, FL 32092 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: MARGIE, O'LOUGHLIN  
Address: 1925 SR 207  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: PR ( ) Delete  
Name: CHAUVIN, SUZETTE  
Address: 21 PALMETTO AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: P ( ) Delete  
Name: BRANDVOLD, STEVE  
Address: 8233 CR 208  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP ( ) Delete  
Name: PERREAULT, TERRI  
Address: 4225 JEFFERSON AVE SO  
City-St-Zip: HASTINGS, FL 32145

Title: D ( ) Delete  
Name: FELDMAN, DEE  
Address: 295 SO BAR B RANCH RD  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: S ( ) Delete  
Name: FOSTER, BEVERLY  
Address: CR 208  
City-St-Zip: ST AUGUSTINE, FL 32092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: MARGIE, O'LOUGHLIN  
Address: 1925 SR 207  
City-St-Zip: ST. AUGUSTINE, FL 32086

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

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: BEVERLY A. FOSTER

S

08/11/2008

Electronic Signature of Signing Officer or Director

Date