

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005869

FILED
Mar 24, 2009
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)

Name and Address of Current Registered Agent:

FOSTER, BEVERLY A
4300 COUNTY ROAD 208
ST. AUGUSTINE, FL 32092 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: 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: () 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
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City-St-Zip:

Title: () Change () Addition
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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

SEC

03/24/2009

Electronic Signature of Signing Officer or Director

Date