

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005869

**FILED**  
**Jan 10, 2011**  
**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  
Name: MARGIE, O'LOUGHLIN  
Address: 1925 SR 207  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S  
Name: BURTON, CINDI  
Address: 9155 BARREL FACTORY ROAD  
City-St-Zip: HASTINGS, FL 32145

Title: PP  
Name: BRANDVOLD, STEVE  
Address: 8233 CR 208  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: P  
Name: PERREAULT, TERRI  
Address: 4225 JEFFERSON AVE SO  
City-St-Zip: HASTINGS, FL 32145

Title: PR  
Name: FOURNIER, SHELLY  
Address: 4300 COUNTY ROAD 208  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP  
Name: FOSTER, BEVERLY  
Address: CR 208  
City-St-Zip: ST AUGUSTINE, FL 32092

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:** BEVERLY A FOSTER

VP

01/10/2011

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

\_\_\_\_\_  
Date