2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# N00000006991

Entity Name: HORSESISTERS & ASSOCIATES, INCORPORATED

Current Principal Place of Business:

124 S. PARK AVENUE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

124 S. PARK AVENUE
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 59-3670805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

AUSTIN, CLAIRESE M
124 S. PARK AVENUE
TITUSVILLE, FL 32796 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: D ( ) Delete
Name: AUSTIN, CLAIRESE
Address: 124 S. PARK AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete
Name: AUSTIN, RONALD A
Address: 124 SOUTH PARK AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete
Name: BOERIO, GLADYS
Address: 1180 ARON STREET
City-St-Zip: COCOA, FL 32927

Title: D ( ) Delete
Name: BOERIO, HENRY
Address: 1180 ARON ST
City-St-Zip: COCOA, FL 32927

Title: D ( ) Delete
Name: JOHANESEN-ST JOHN, JOAN
Address: 4485 ELLIOT AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: HUKLE, REBECCA
Address: 2710 W WILMETTE AVE
City-St-Zip: TITUSVILLE, FL 32780

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
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 for the exemption stated in Section 119.07(3)(i), 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: CLAIRESE M. AUSTIN D 06/29/2005

Electronic Signature of Signing Officer or Director — Date