

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006991

FILED  
May 12, 2006  
Secretary of State

**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: D      (X) Change ( ) Addition  
Name: BROW, JODI  
Address: 4128 APRIL LANE  
City-St-Zip: MIMS, FL 32754

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAIRESE M. AUSTIN

D

05/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date