2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
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 ( )**

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 M	
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:	HARVEY, KELLY	
Address:	2910 AVON LANE	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:	D	( ) Delete
Name:	BOERIO, HENRY	
Address:	1180 ARON ST	
City-St-Zip:	COCOA, FL 32927	
Title:	D	( ) Delete
Name:	WILKINS, KAREN	
Address:	1048 SPANISH WELLS DRIVE	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	D	( ) Delete
Name:	SANDERS, SONDRA J	
Address:	5360 OXBURY AVE.	
City-St-Zip:	COCOA, FL 32926	

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:	D	(X) Change ( ) Addition
Name:	SLATER, JOYCE R	
Address:	6932 COLUMBINE DRIVE	
City-St-Zip:	COCOA, FL 32927	
Title:	D	(X) Change ( ) Addition
Name:	HINKLEY, SHERRI	
Address:	505 NICKLAUS CIRCLE	
City-St-Zip:	COCOA, FL 32927	
Title:	D	(X) Change ( ) Addition
Name:	REINHOLD, DIANE	
Address:	2625 SLASH PINE CT	
City-St-Zip:	TITUSVILLE, FL 32780	

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: JOYCE R SLATER D 04/25/2009

Electronic Signature of Signing Officer or Director — Date