2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: NORTHEAST FLORIDA EQUESTRIAN SOCIETY/H.O.R.S.E. THERAPIES, INC.

Current Principal Place of Business:

1650 MARGARET ST.
SUITE 302, # 146
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

1650 MARGARET ST.
SUITE 302, # 146
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 01-0636438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNELL, JOANNE P
734 WREN ROAD
JACKSONVILLE, FL 32216 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: P
Name: STALVEY, STEPHANIE
Address: 5285 MANNING CEMETERY ROAD
City-St-Zip: JACKSONVILLE, FL 32234 US

Title: S
Name: ANDERSON, LISA
Address: 1547 MAYFIELD ROAD
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: T
Name: CONNELL, JOANNE
Address: 734 WREN RD.
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VP
Name: FULLER, PEGGY DR.
Address: 3230 LORETTO ROAD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: D
Name: TEBOW, PATTI
Address: 15350 FOREST TRAIL RD
City-St-Zip: JACKSONVILLE, FL 32234 US

Title: D
Name: KELLEY, CHARLES
Address: 790 ELLIS ROAD
City-St-Zip: JACKSONVILLE, FL 32210 US

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: JOANNE CONNELL T 04/09/2012

Electronic Signature of Signing Officer or Director — Date