

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007050

FILED
Apr 13, 2005
Secretary of State

Entity Name: GREENER PASTURES THERAPEUTIC RIDING CENTER, INC.

Current Principal Place of Business:

4550 EMERSON DR. SW
PALM BAY, FL 32908

New Principal Place of Business:

Current Mailing Address:

4550 EMERSON DR. SW
PALM BAY, FL 32908

New Mailing Address:

P. O. BOX 201
YANKEETOWN, FL 34498-201

FEI Number: 75-2977762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHAN, SONYA
4550 EMERSON DR. SW
PALM BAY, FL 32908 US

Name and Address of New Registered Agent:

COHAN, LAWRENCE L
P.O. BOX 201
5107 RIVERSIDE DRIVE
YANKEETOWN, FL 34498-201 US

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: L. L. COHAN

04/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: COHAN, LAWRENCE
Address: P. O. BOX 201
City-St-Zip: YANKEETOWN, FL 34908

Title: PD () Delete
Name: PERCH, JERRY
Address: 4541 BECK LAKE TRAIL #2
City-St-Zip: MELBOURNE, FL 32901

Title: O () Delete
Name: COHAN, SONYA
Address: 4550 EMERSON DRIVE S.W.
City-St-Zip: PALM BAY, FL 32908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: COHAN, LAWRENCE
Address: P. O. BOX 201- 5107 RIVERSIDE DRIVE
City-St-Zip: YANKEETOWN, FL 34908

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: L. L. COHAN

VPD

04/13/2005

Electronic Signature of Signing Officer or Director

Date