

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007050

FILED
Apr 29, 2007
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:

P. O. BOX 201
YANKEETOWN, FL 34498

New Mailing Address:

FEI Number: 75-2977762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COHAN, LAWRENCE L
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:

04/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: O (X) Delete
Name: PICKETT, SANDRA
Address: 4314 YORKSHIRE DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

Title: O () Delete
Name: HARVELL, SARA
Address: PO BOX 510413
City-St-Zip: MELBOURNE BEACH, FL 32951 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: PERCH, JERRY
Address: 1628 ASHBORO CIRCLE
City-St-Zip: PALM BAY, FL 32909 US

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 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: LAWRENCE COHAN

VPO

04/29/2007

Electronic Signature of Signing Officer or Director

Date