

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007050

FILED
Apr 29, 2009
Secretary of State

Entity Name: GREENER PASTURES THERAPEUTIC RIDING CENTER, INC.

Current Principal Place of Business:

704 OSMOSIS DR. SW
PALM BAY, FL 32908

New Principal Place of Business:

704 OSMOSIS DR. SW
PALM BAY, FL 32908

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
5107 RIVERSIDE DRIVE
YANKEETOWN, FL 34498 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: PD () Delete
Name: COHAN, LAWRENCE
Address: P. O. BOX 201- 5107 RIVERSIDE DRIVE
City-St-Zip: YANKEETOWN, FL 34908 US

Title: VPD () Delete
Name: CONN, SUSAN
Address: 741 REBAB AVE. N.E.
City-St-Zip: PALM BAY, FL 32907 US

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

Title: O () Delete
Name: SKAAR, CINDY
Address: 1231 MONUMENT AVE.
City-St-Zip: PALM BAY, FL 32909 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COHAN, SONYA
Address: 704 OSMOSIS DR. SW
City-St-Zip: PALM BAY, FL 32908 US

Title: VPD (X) Change () Addition
Name: COHAN, LAWRENCE
Address: P.O. BOX 201
City-St-Zip: YANKEETOWN, FL 34498 US

Title: O (X) Change () Addition
Name: RAMBUS, MICHAEL
Address: 510 PAUL LANE
City-St-Zip: STEVENSVILLE, MD 21666 US

Title: O (X) Change () Addition
Name: BRACKETT, JOE
Address: 130 5TH STREET
City-St-Zip: MELBOURNE BEACH, FL 32951 US

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

VPD

04/29/2009

Electronic Signature of Signing Officer or Director

Date