

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007050

**FILED**  
**May 09, 2010**  
**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:**

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COHAN, LAWRENCE L  
5107 RIVERSIDE DRIVE  
YANKEETOWN, FL 34498      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** COHAN, SONYA  
**Address:** 704 OSMOSIS DR. SW  
**City-St-Zip:** PALM BAY, FL 32908 US

**Title:** VPD  
**Name:** COHAN, LAWRENCE  
**Address:** P.O. BOX 201  
**City-St-Zip:** YANKEETOWN, FL 34498 US

**Title:** O  
**Name:** RAMBUS, MICHAEL  
**Address:** 510 PAUL LANE  
**City-St-Zip:** STEVENSVILLE, MD 21666 US

**Title:** O  
**Name:** BRACKETT, JOE  
**Address:** 130 5TH STREET  
**City-St-Zip:** MELBOURNE BEACH, FL 32951 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: LAWRENCE L COHAN

VPD

05/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date