

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006241

FILED
Mar 08, 2005
Secretary of State

Entity Name: MINIATURE HORSE CLUB OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

20825 SW GREEN RIDGE LN.
PALM CITY, FL 34990

New Principal Place of Business:

4451 148TH TERRACE NORTH
LOXAHATCHEE, FL 33470

Current Mailing Address:

PO BOX 2183
STUART, FL 349952183

New Mailing Address:

FEI Number: 16-1622927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPES, NANCY
4451 148TH TERRACE NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

LOPES, TONY D
4451 148TH TERRACE NORTH
LOXAHATCHEE, FL 33470 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: ANTHONY D. LOPES

03/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPES, TONY
Address: 4451 148TH TERRACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: LOPES, NANCY
Address: 4451 148TH TERRACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S () Delete
Name: COFFEY, PATRICIA
Address: 8587 SW 18TH AVE
City-St-Zip: STUART, FL 34997

Title: VP () Delete
Name: MOONEY, DEBBIE
Address: 20825 SW GREEN RIDGE LN.
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: SCHAEFER, CHARLES
Address: 10751 S OCEAN DRIVE LOT B2
City-St-Zip: JENSEN BEACH, FL 34957

Title: VP () Delete
Name: FIERMONTI, BARBARA
Address: 21410 TUCKAHOE RD
City-St-Zip: ALVA, FL 33920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: FIERMONTI, BARBARA
Address: 21410 TUCKAHOE RD
City-St-Zip: ALVA, FL 33920

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: ANTHONY D. LOPES

PRES

03/08/2005

Electronic Signature of Signing Officer or Director

Date