

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90045 020 ****61.25

DOCUMENT # N03000003426

1. Entity Name
BACK IN THE SADDLE HORSE ADOPTION, INC.



Principal Place of Business
**2937 GRANDE OAKS WAY
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**2937 GRANDE OAKS WAY
GREEN COVE SPRINGS, FL 32043**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132004 Chg-NP CR2E037 (10/03)

4. FEI Number
02-0688660

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAYL, PAM.
1619 HIGHLAND VIEW COURT
ORANGE PARK, FL 32003**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2937 Grande Oaks Way

City **Green Cove Springs**

FL

Zip Code **32043**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RAYL, PAM**
STREET ADDRESS **1619 HIGHLAND VIEW COURT**
CITY-ST-ZIP **ORANGE PARK, FL 32003**

TITLE **D** ☐ Delete
NAME **DENSMORE, FABIAN**
STREET ADDRESS **12643 JODA LANE EAST**
CITY-ST-ZIP **JACKSONVILLE, FL 32248**

TITLE **D** ☐ Delete
NAME **MACY, ANGIE**
STREET ADDRESS **1320 ELLISTON DRIVE**
CITY-ST-ZIP **BLOOMINGTON, IN 47401**

TITLE **D** ☐ Delete
NAME **RUSSELL, KATHLEEN**
STREET ADDRESS **9150 STATE ROAD 7**
CITY-ST-ZIP **ROGERS, OH 44555**

TITLE **D** ☐ Delete
NAME **BIRD, DIANE**
STREET ADDRESS **1224 MAURY RIVER ROAD**
CITY-ST-ZIP **LEXINGTON, VA 24450**

TITLE **D** ☐ Delete
NAME **REEDY, LISA**
STREET ADDRESS **8757 DONOVAN COURT**
CITY-ST-ZIP **CINCINNATI, OH 45249**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2937 Grand Oaks Way**
CITY-ST-ZIP **Green Cove Springs, FL 32043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **165 St. John Rd.**
CITY-ST-ZIP **Martinsville, IN 46151**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Diane M. Bird

Diane M. Bird

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

Date

540-464-3760

Daytime Phone #

10. Officers and Directors	11. Additions/Changes to Directors in 10
D X Delete Mary Huber 1801 Hartranft Street Philadelphia, PA 19145	D X Addition Denise Swierkowski 279 Reibold Road Renfrew, PA 16053