

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90163 009 \*\*\*\*70.00

**DOCUMENT # N03000004737**

1. Entity Name  
DOVE HILL HORSE RANCH, INC.



Principal Place of Business  
3253 SHARON RD.  
GROVELAND, FL 34736

Mailing Address  
P.O. BOX 813  
GROVELAND, FL 34736

20055292



2. Principal Place of Business

3. Mailing Address

3253 Sharon Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152005 Chg-NP CR2E037 (10/03)

City & State

City & State  
Groveland, FL

4. FEI Number  
80-0069947

Applied For  
Not Applicable

Zip

Country

Zip

Country

34736 Lake

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISSETTE, REBECCA P  
3523 SHARON RD.  
GROVELAND, FL 34736

Name  
Morrissette, Rebecca  
Street Address (P.O. Box Number is Not Acceptable)  
3253 Sharon Rd  
City  
Groveland FL Zip Code  
34736

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

*Alan P. Muth*

(NOTE: Registered Agent signature required when reinstating)

4/29/05

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MORRISSETTE, REBECCA P ☐ Delete  
STREET ADDRESS 3523 SHARON RD.  
CITY-ST-ZIP GROVELAND, FL 34736

TITLE President  
NAME Rebecca P. Morrissette ☒ Change ☐ Addition  
STREET ADDRESS 3253 Sharon Rd  
CITY-ST-ZIP Groveland, FL 34736

TITLE VD  
NAME MORRISSETTE, GARY E ☐ Delete  
STREET ADDRESS 3523 SHARON RD.  
CITY-ST-ZIP GROVELAND, FL 34736

TITLE Vice President  
NAME Gileen Hoppinger ☐ Change ☒ Addition  
STREET ADDRESS 1567 Appak Blvd  
CITY-ST-ZIP Appaka, FL 32703

TITLE D  
NAME CRAPPS, SHARELL ☒ Delete  
STREET ADDRESS 4261 CEPEDA ST.  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE Secretary  
NAME Gary P. Morrissette ☒ Change ☐ Addition  
STREET ADDRESS 2384 Ridge Crest Loop  
CITY-ST-ZIP Minneola, FL

TITLE D  
NAME CRAPPS, CHERYL ☒ Delete  
STREET ADDRESS 4261 CEPEDA ST.  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE ☐ Change ☐ Addition

TITLE S  
NAME HYDE, CHERIE ☒ Delete  
STREET ADDRESS 37808 CR 439  
CITY-ST-ZIP EUSTIS, FL 32736

TITLE ☐ Change ☐ Addition

TITLE M  
NAME OTLOWSKI, BETH ☒ Delete  
STREET ADDRESS 205 WOODSON CT.  
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE ☐ Change ☐ Addition

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:

*Alan P. Muth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #