

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004737

FILED
Aug 07, 2009
Secretary of State

Entity Name: DOVE HILL HORSE RANCH, INC.

Current Principal Place of Business:

3253 SHARON RD.
GROVELAND, FL 34763

New Principal Place of Business:

Current Mailing Address:

3253 SHARON RD.
GROVELAND, FL 34763

New Mailing Address:

FEI Number: 80-0069947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MORRISSETTE, REBECCA P
3253 SHARON ROAD
GROVELAND, FL 34736 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: P () Delete
Name: MORRISSETTE, REBECCA P
Address: 3523 SHARON RD.
City-St-Zip: GROVELAND, FL 34736

Title: SS () Delete
Name: MORRISSETTE, GARY E
Address: 238-A RIDGE CREST LOOP
City-St-Zip: MINNEOLA, FL

Title: BM (X) Delete
Name: HOEPFINGER, EILEEN
Address: 1567 APOPKA BLVD
City-St-Zip: APOPKA, FL 32703

Title: V () Delete
Name: WISE, KYLE
Address: 466 SWANSON ST
City-St-Zip: GROVELAND, FL 34736

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:

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: EILEEN HOEPFINGER

BM

08/07/2009

Electronic Signature of Signing Officer or Director

Date