

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004905

FILED
Apr 14, 2006
Secretary of State

Entity Name: WINDHORSE SANCTUARY, INC.

Current Principal Place of Business:

18400 NORTHWEST 150TH AVENUE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

18400 NORTHWEST 150TH AVENUE
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 01-0788764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURNES, BOBBIE
18400 NORTHWEST 150TH AVENUE
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

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: D () Delete
Name: FERGUSON, DAVID L
Address: 18400 NORTHWEST 150TH AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: BURNES, BOBBIE
Address: 18400 NORTHWEST 150TH AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: KRACKE, RICHARD
Address: 601 N. HERCULES AVENUE #1306
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: VICKIE, ORR
Address: 21260 NW 6TH STREET
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: KRACKE, RICHARD
Address: 120 MANHATTAN CT.
City-St-Zip: CARY, NC 27511

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID L. FERGUSON

PRES

04/14/2006

Electronic Signature of Signing Officer or Director

Date