

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004905

FILED  
May 14, 2007  
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 ( )  
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:**

BURNES, BOBBIE  
18400 NORTHWEST 150TH AVENUE  
WILLISTON, FL 32696 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: 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: 120 MANHATTAN CT.  
City-St-Zip: CARY, NC 27511

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: ( ) 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: RICHARD C. KRACKE

D

05/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date