

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004905

FILED  
Apr 23, 2012  
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  
**Name:** FERGUSON, DAVID L  
**Address:** 18400 NORTHWEST 150TH AVENUE  
**City-St-Zip:** WILLISTON, FL 32696

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

**Title:** D  
**Name:** KRACKE, RICHARD  
**Address:** 2735-D SHERBROOKE LANE  
**City-St-Zip:** PALM HARBOR, FL 34684

**Title:** D  
**Name:** HAMMOCK, JOANNE  
**Address:** 15109 WEST HIGHWAY 318  
**City-St-Zip:** WILLISTON, FL 32696

I hereby 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 all other like empowered.

**SIGNATURE:** BOBBIE BURNES

D

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date