

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005243

FILED
Jan 31, 2009
Secretary of State

Entity Name: AMERICAN HIPPO THERAPY ASSOCIATION INC.

Current Principal Place of Business:

136 BUSH RD.
DAMASCUS, PA 18415

New Principal Place of Business:

Current Mailing Address:

136 BUSH RD.
DAMASCUS, PA 18415

New Mailing Address:

FEI Number: 06-1703035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: VP () Delete
Name: YURONE, LORI
Address: 20 DAKOTA ST.
City-St-Zip: HICKSVILLE, NY 11801

Title: S () Delete
Name: CRIROLIO, ROSE
Address: 230 SLATON CIRCLE
City-St-Zip: ROSWELL, GA 30075

Title: P () Delete
Name: BAZAR, MEREDITH
Address: 561 10TH AVE, APT. 10G
City-St-Zip: NEW YORK, NY 10036

Title: VP3 () Delete
Name: PICTOR, SARAH
Address: 101 REITER RD
City-St-Zip: EAST AURORA, NY 14052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GARONE, LORI
Address: 20 DAKOTA ST.
City-St-Zip: HICKSVILLE, NY 11801

Title: T (X) Change () Addition
Name: CRIVOLIO, ROSE
Address: 230 SLATON CIRCLE
City-St-Zip: ROSWELL, GA 30075

Title: P (X) Change () Addition
Name: BAZAAR, MEREDITH
Address: 561 10TH AVE, APT. 10G
City-St-Zip: NEW YORK, NY 10036

Title: S (X) Change () Addition
Name: PICTOR, SARAH
Address: 101 REITER RD
City-St-Zip: EAST AURORA, NY 14052

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: MEREDITH BAZAAR

PRES

01/31/2009

Electronic Signature of Signing Officer or Director

Date