

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009123

FILED
Jan 03, 2006
Secretary of State

Entity Name: HORSE HEAVEN RESCUE INC.

Current Principal Place of Business:

14520 ORANGE AVENUE
FT. PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

14520 ORANGE AVENUE
FT. PIERCE, FL 34945

New Mailing Address:

FEI Number: 65-1217180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLAIZZI, ALFRED D PRES
14520 ORANGE AVE EXT
FT PIERCE, FL 34945 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: P () Delete
Name: COLAIZZI, ALFRED D
Address: 14520 ORANGE AVE
City-St-Zip: FT PIERCE, FL 34945

Title: S () Delete
Name: VALDES, ELIZABETH M
Address: 784 MONTANNA TERR
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T () Delete
Name: DI DONATO, KAREN
Address: 14520 ORANGE AVE.
City-St-Zip: PORT ST LUCIE, FL 34945

Title: VP () Delete
Name: VERCILLA, ERICA VP
Address: 506 E. WEATHERBEE ROAD
City-St-Zip: FT. PIERCE, FL 34982

Title: PR () Delete
Name: KRUTHE, GERALD M PR
Address: 8594 FLORENCE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: FR () Delete
Name: WOODWARD, SUZANNE
Address: 2210 SNEED ROAD
City-St-Zip: FT. PIERCE, FL 34945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: NORMA, BEAZ I
Address: 14520 ORANGE AVE
City-St-Zip: FT. PIERCE, FL 34945

Title: T (X) Change () Addition
Name: DI DONATO, KAREN F
Address: 14520 ORANGE AVE.
City-St-Zip: FT. PIERC, FL 34945

Title: VP (X) Change () Addition
Name: EILEEN, LONG T VP
Address: 215 ARBOR AVE
City-St-Zip: PORT ST. LUCIE, FL 34952

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

Title: FR (X) Change () Addition
Name: JILL M.SHIELDS,
Address: 14520 ORANGE AVE
City-St-Zip: FT. PIERCE, FL 34945

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: ALFRED D. COLAIZZI

PRES

01/03/2006

Electronic Signature of Signing Officer or Director

Date