

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009123

FILED  
Mar 13, 2008  
Secretary of State

Entity Name: HORSE HEAVEN RESCUE INC.

## Current Principal Place of Business:

14520 ORANGE AVENUE  
FT. PIERCE, FL 34945 US

## New Principal Place of Business:

## Current Mailing Address:

14520 ORANGE AVENUE  
FT. PIERCE, FL 34945 US

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

Title: SECT ( ) Delete  
Name: NORMA, BEAZ I SECTY  
Address: 14520 ORANGE AVE  
City-St-Zip: FT. PIERCE, FL 34945 US

Title: TRES ( ) Delete  
Name: DI DONATO, KAREN F TRES.  
Address: 14520 ORANGE AVE.  
City-St-Zip: FT. PIERC, FL 34945

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

Title: PR ( ) Delete  
Name: DIDONATO, CHRISTIAN PR  
Address: 1932 S.E. MORELIA LANE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: TRA ( ) Delete  
Name: MARGART, MCCULLEN TRAINER  
Address: 14520 ORANGE AVE  
City-St-Zip: FT. PIERCE, FL 34945 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SECT (X) Change ( ) Addition  
Name: TINA, SUPPLEE SECTY  
Address: 118 LAS OLAS DR. N.  
City-St-Zip: JENSEN BEACH, FL 34957 US

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: TRA (X) Change ( ) Addition  
Name: MARGARET, MCCLELLAND TRAINER  
Address: 14520 ORANGE AVE  
City-St-Zip: FT. PIERCE, FL 34945 US

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: KAREN DIDONATO

TRES

03/13/2008

Electronic Signature of Signing Officer or Director

Date