

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90025 031 ****61.25

DOCUMENT # N04000000267 1. Entity Name NEIGHBORS' EQUINE ASSISTANCE TEAM, INC.					
Principal Place of Business 4632 SOUTHWEST COUNTY ROAD 18 FORT WHITE, FL 32038 US <i>355 SW Olden Terrace</i>			Mailing Address 732 SW CARL WILSON RD FORT WHITE, FL 32038 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2144450	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZEMAN, MELINDA TR 732 SW CARL WILSON RD FORT WHITE, FL 32038			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUDSON, ADRIENNE H <input type="checkbox"/> Delete 716 SOUTHWEST HAWTHORNE TERRACE FORT WHITE, FL 32038		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>355 SW Olden Terrace</i> FT WHITE FL 32038	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARKER, LINDA S <input type="checkbox"/> Delete 4632 SOUTHWEST COUNTY ROAD 18 FORT WHITE, FL 32038		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEISHEIT, ALAN S JR. <input type="checkbox"/> Delete 716 SOUTHWEST HAWTHORNE TERRACE FORT WHITE, FL 32038		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>355 SW Olden Terrace</i> FT WHITE FL 32038	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ZEMAN, MELINDA <input type="checkbox"/> Delete 732 SW CARL WILSON RD FORT WHITE, FL 32038		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENNIS, ROSENA <input type="checkbox"/> Delete 22126 NW 190 AVE HIGH SPRINGS, FL 32643		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>M Zeman</i> mzeman			Date: <i>2/7/07</i> Daytime Phone #: <i>386-758-2307</i>		