


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90157 016 \*\*\*\*61.25

<b>DOCUMENT # N04000000267</b> 1. Entity Name <b>NEIGHBORS' EQUINE ASSISTANCE TEAM, INC.</b>					
Principal Place of Business <b>355 SW CROW TERRACE FORT WHITE, FL 32038 US</b>			Mailing Address <b>355 SW CROW TERRACE FORT WHITE, FL 32038 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>54-2144450</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZEMAN, MELINDA TR 732 SW CARL WILSON RD FORT WHITE, FL 32038</b>			7. Name and Address of New Registered Agent Name <b>Adrienne H. Hudson, P</b> Street Address (P.O. Box Number is Not Acceptable) <b>355 SW CROW TERRACE</b> City <b>Fort White</b> <b>FL</b> Zip Code <b>32038</b>		
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 <u><i>Adrienne H. Hudson</i></u> <span style="float: right;">4/29/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HUDSON, ADRIENNE H</b> <b>355 SW CROW TERRACE</b> <b>FORT WHITE, FL 32038</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BARKER, LINDA S</b> <b>4632 SOUTHWEST COUNTY ROAD 18</b> <b>FORT WHITE, FL 32038</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>WEISHEIT, ALAN S JR.</b> <b>355 SW CROW TERRACE</b> <b>FORT WHITE, FL 32038</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>ZEMAN, MELINDA</b> <b>732 SW CARL WILSON RD</b> <b>FORT WHITE, FL 32038</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DENNIS, ROSENA</b> <b>22126 NW 190 AVE</b> <b>HIGH SPRINGS, FL 32643</b>	<input checked="" type="checkbox"/> Delete			
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.					
<b>SIGNATURE: <u>Adrienne H. Hudson</u> <i>Adrienne H. Hudson</i> 4/29/08 (386) 497-3718</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					