

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000267

FILED
Apr 14, 2009
Secretary of State

Entity Name: NEIGHBORS' EQUINE ASSISTANCE TEAM, INC.

Current Principal Place of Business:

355 SW CROW TERRACE
FORT WHITE, FL 32038 US

New Principal Place of Business:

Current Mailing Address:

355 SW CROW TERRACE
FORT WHITE, FL 32038 US

New Mailing Address:

FEI Number: 54-2144450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, P A, ADRIENNE P
355 SW CROW TERRACE
FORT WHITE, FL 32038 US

Name and Address of New Registered Agent:

HUDSON,, ADRIENNE H P
355 SW CROW TERRACE
FORT WHITE, FL 32038 US

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: ADRIENNE H. HUDSON

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUDSON, ADRIENNE H
Address: 355 SW CROW TERRACE
City-St-Zip: FORT WHITE, FL 32038 US

Title: V () Delete
Name: BARKER, LINDA S
Address: 4632 SOUTHWEST COUNTY ROAD 18
City-St-Zip: FORT WHITE, FL 32038 US

Title: ST () Delete
Name: WEISHEIT, ALAN S JR.
Address: 355 SW CROW TERRACE
City-St-Zip: FORT WHITE, FL 32038 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ADRIENNE H. HUDSON

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date