



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90070 001 \*\*\*\*61.25  
01-25-2005 90070 002 \*\*\*\*\*8.75

<b>DOCUMENT # N04000003056</b>					
1. Entity Name THE PATH THERAPEUTIC RIDING CENTER INC.					
Principal Place of Business 1143 STANLEY LANE BAKER, FL 32531 US			Mailing Address 1143 STANLEY LANE BAKER, FL 32531 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEED, MICHELLE M 1143 STANLEY LANE BAKER, FL 32531				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEED, JEFFREY R LT COL		NAME		
STREET ADDRESS	1143 STANLEY LANE		STREET ADDRESS		
CITY-ST-ZIP	BAKER, FL 32531		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEED, MICHELLE M		NAME		
STREET ADDRESS	1143 STANLEY LANE		STREET ADDRESS		
CITY-ST-ZIP	BAKER, FL 32531		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASON, SHARON K		NAME		
STREET ADDRESS	1143 STANLEY LANE		STREET ADDRESS		
CITY-ST-ZIP	BAKER, FL 32531		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FAIRCLOTH, JANICE		NAME		
STREET ADDRESS	5786 SEMINOLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			16 Jan 05 850-537-0144		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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4. FEI Number 20-1260010 Applied For Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required