

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007262

FILED  
Jan 05, 2005  
Secretary of State

**Entity Name:** SOUTHWIND RANCH HORSE SANCTUARY, INC.

**Current Principal Place of Business:**

1208 LEXINGTON DRIVE  
VENICE, FL 34292

**New Principal Place of Business:**

5868 MALTON STREET  
NORTH PORT, FL 34286

**Current Mailing Address:**

POST OFFICE BOX 1392  
VENICE, FL 34284

**New Mailing Address:**

5868 MALTON STREET  
NORTH PORT, FL 34286

**FEI Number:** 20-1414733

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, MICHAEL E  
1208 LEXINGTON DRIVE  
VENICE, FL 34292 US

**Name and Address of New Registered Agent:**

BROWN, MICHAEL E  
5868 MALTON STREET  
NORTH PORT, FL 34286 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:

01/05/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BROWN, MICHAEL E  
Address: POST OFFICE BOX 1392  
City-St-Zip: VENICE, FL 34284

Title: VD ( ) Delete  
Name: WILKINS, CAROL  
Address: POST OFFICE BOX 1392  
City-St-Zip: VENICE, FL 34284

Title: D ( ) Delete  
Name: WILKINS, LAURENCE REV.  
Address: POST OFFICE BOX 3073  
City-St-Zip: BARRINGTON, IL 60011

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BROWN, MICHAEL E  
Address: 5868 MALTON STREET  
City-St-Zip: NORTH PORT, FL 34286

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

Title: D (X) Change ( ) Addition  
Name: BAER, DAVID SR.  
Address: POST OFFICE BOX 3073  
City-St-Zip: BARRINGTON, IL 60011

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL EDWARD

PD

01/05/2005

Electronic Signature of Signing Officer or Director

Date