

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007966

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** HORSE GATE EQUESTRIAN CENTER, INC.

**Current Principal Place of Business:**

3961 SW 82 TERR  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 292696  
DAVIE, FL 33329

**New Mailing Address:**

**FEI Number:** 20-1507662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORONADO, NESTOR  
7360 CORAL WAY STE 21  
MIAMI, FL 33155 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WAGGONER, GLENNA S  
Address: 3961 SW 82 TERR  
City-St-Zip: DAVIE, FL 33328

Title: P ( ) Delete  
Name: WAGGONER, RONALD T  
Address: 3961 SW 82 TERR  
City-St-Zip: DAVIE, FL 33328

Title: VP ( ) Delete  
Name: RICHARD, REIN  
Address: 325 N. W. 67 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33024

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

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

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

Title: VP (X) Change ( ) Addition  
Name: CRUZ, MOISES  
Address: 11101 N. W. 118 PLACE  
City-St-Zip: PEMBROKE PINES, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENNA WAGGONER

D

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date