

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007966

FILED
Apr 13, 2009
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:

WAGGONER, GLENNA S
3961 SW 82ND TERRACE
DAVIE, FL 33328 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: CRUZ, MOISES
Address: 11101 N. W. 118 PLACE
City-St-Zip: PEMBROKE PINES, FL 33326

Title: BM () Delete
Name: MCAVOY, JOHN
Address: 6408 N. W. 14 COURT
City-St-Zip: MARGATE, FL 33063

Title: BM () Delete
Name: JENKINS, FRED M
Address: 411 N. W. 93 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: BM () Delete
Name: CRUZ, BELKIS
Address: 11101 N. W. 118 PLACE
City-St-Zip: PEMBROKE PINES, FL 33326

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:

Title: () Change () Addition
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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: GLENNA WAGGONER

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date