2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007966

FILED Mar 16, 2011 Secretary of State

Entity Name: HORSE GATE EQUESTRIAN CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

3961 SW 82 TERR DAVIE, FL 33328

Current Mailing Address: New Mailing Address:

P. O. BOX 292696 DAVIE, FL 33329

FEI Number: 20-1507662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WAGGONER, GLENNA S
3961 SW 82ND TERRACE
DAVIE, FL 33328 US
SHELNUT, GLENNA R
3961 SW 82ND TERRACE
DAVIE, FL 33328 US
DAVIE, FL 33328 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: GLENNA SHELNUT 03/16/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

 Name:
 SHELNUT, GLENNA R

 Address:
 3961 SW 82 TERR

 City-St-Zip:
 DAVIE, FL 33328

Title: VP

 Name:
 CRUZ, MOISES

 Address:
 11101 N. W. 118 PLACE

 City-St-Zip:
 PEMBROKE PINES, FL 33326

Title: BM

Name: MCAVOY, JOHN Address: 6408 N. W. 14 COURT City-St-Zip: MARGATE, FL 33063

Title: BM

Name: JENKINS, FRED M
Address: 411 N. W. 93 AVENUE

City-St-Zip: PEMBROKE PINES, FL 33024

Title: BM

Name: CRUZ, BELKIS

Address: 11101 N. W. 118 PLACE
City-St-Zip: PEMBROKE PINES, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: GLENNA SHELNUT BM 03/16/2011