# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 09, 2008**
**Secretary of State**

DOCUMENT# N04000010392

**Entity Name:** CHILDREN'S FOUNDATION OF EQUINE ASSISTED THERAPY, INC.

**Current Principal Place of Business:**

9733 ARBOR OAKS LANE, #108
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

9733 ARBOR OAKS LANE, #108
BOCA RATON, FL 33428

**New Mailing Address:**

**FEI Number: 87-0735538** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

EBENER, ANKE
9733 ARBOR OAKS LANE, #107
BOCA RATON, FL 33428 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: PD ( ) Delete
Name: EBENER, ANKE
Address: 9733 ARBOR OAKS LANE, #108
City-St-Zip: BOCA RATON, FL 33428

Title: SD ( ) Delete
Name: TANO, MAXINE A
Address: 10532 WHEELHOUSE CIRCLE
City-St-Zip: BOCA RATON, FL 33426

Title: TD ( ) Delete
Name: DANOS, DORA P
Address: 1962 NE 6TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete
Name: RUDNICK, JERRY H DR
Address: WOODCHUCK LANE
City-St-Zip: BOCA RATON, FL 33428

**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
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: ANKE EBENER PRES 02/09/2008

Electronic Signature of Signing Officer or Director — Date