

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011676

FILED
Jan 07, 2008
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF EQUINE PRACTITIONERS, INC.

Current Principal Place of Business:

2129 BELLCREST CT
ROYAL PALM BCH, FL 33411

New Principal Place of Business:

Current Mailing Address:

2129 BELLCREST CT
ROYAL PALM BCH, FL 33411

New Mailing Address:

FEI Number: 32-0133339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENTAS, BRYAN
2129 BELLCREST CT
ROYAL PALM BCH, FL 33411 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: DP () Delete
Name: LYCNH, TIM M
Address: 86 SE 103RD STREET
City-St-Zip: OCALA, FL 34480 US

Title: D () Delete
Name: KUEBELBECK, LEANN
Address: 511 E. BLOOMINGDALE AVE.
City-St-Zip: BRANDON, FL 33511 US

Title: DS () Delete
Name: JONES, ERIN
Address: 19801 COUNTY RD. 561
City-St-Zip: CLERMONT, FL 34715 US

Title: D () Delete
Name: ROBERTS, CRAIG T
Address: PO BOX 772324
City-St-Zip: OCALA, FL 34477

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LYCNH, TIM M
Address: 86 SE 103RD STREET
City-St-Zip: OCALA, FL 34480 US

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

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

Title: DP (X) Change () Addition
Name: ROBERTS, CRAIG T
Address: PO BOX 772324
City-St-Zip: OCALA, FL 34477

Title: D () Change (X) Addition
Name: KAZAKEVICIUS, PETER
Address: 6782 NORTH WEST 12TH STREET
City-St-Zip: OCALA, FL 34482

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: BRYAN RENTAS

ED

01/07/2008

Electronic Signature of Signing Officer or Director

Date