

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009870

FILED
Apr 18, 2009
Secretary of State

Entity Name: HORSEMEN'S UNICORN FOUNDATION INC.

Current Principal Place of Business:

3520 NE 23RD AVE.
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

3520 NE 23RD AVE.
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 20-5612489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, UTE
18580 OCEAN MIST
BOCA, FL 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: FREIBERT, MICHAEL
Address: 3290 MCCLLANS FERRY RD.
City-St-Zip: VERSAILLES, KY 40383

Title: D () Delete
Name: NOLAN, UTE
Address: 18580 OCEAN MIST.
City-St-Zip: BOCA RATON, FL 33498

Title: D () Delete
Name: SMITH, MARGARET TRUSTEE
Address: 2404 OLDE LEDGE LANE
City-St-Zip: LEXINGTON, KY 40513

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:

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: UTE NOLAN

P

04/18/2009

Electronic Signature of Signing Officer or Director

Date