

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012292

FILED
Jan 21, 2009
Secretary of State

Entity Name: STIRRUPS N STRIDES THERAPEUTIC RIDING CENTER, INC.

Current Principal Place of Business:

4246 WEST HIGHWAY 318
CITRA, FL 32113

New Principal Place of Business:

Current Mailing Address:

4246 WEST HIGHWAY 318
CITRA, FL 32113

New Mailing Address:

FEI Number: 20-5935626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRAY, BETTY
4246 WEST HIGHWAY 318
CITRA, FL 32113 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: OLSON, JIM
Address: 14893 SW 112 CIRCLE
City-St-Zip: DUNNELLON, FL 34432

Title: DV () Delete
Name: GOSSETT, ANITA
Address: 4750 NE 105PL
City-St-Zip: ANTHONY, FL 32617

Title: DT () Delete
Name: WRIGHT, FAY
Address: 14591 SW 38 TERRACE RD.
City-St-Zip: OCALA, FL 34473

Title: DS () Delete
Name: TREESA, DRURY
Address: 7901 N W 125TH ST.
City-St-Zip: REDDICK, FL 32686

Title: D () Delete
Name: GRAY, BETTY
Address: 4246 W. HWY 318
City-St-Zip: CITRA, FL 32113

Title: D () Delete
Name: DOLAN, ALISON
Address: 20 S. MAGNOLIA ST.
City-St-Zip: PEARL RIVER, NY 10965

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:

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: BETTY GRAY

D

01/21/2009

Electronic Signature of Signing Officer or Director

Date