

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001231

FILED  
Jun 17, 2009  
Secretary of State

**Entity Name:** HOWARD'S THERAPEUTIC RIDING SERVICE, INC

**Current Principal Place of Business:**

504 BREEZEWOOD DR  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

504 BREEZEWOOD DR  
IMMOKALEE, FL 34142

**New Mailing Address:**

**FEI Number:** 33-1190867      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

HOWARD, HUEY  
504 BREEZEWOOD DR  
IMMOKALEE, FL 34142      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HOWARD, HUEY  
Address: 504 BREEZEWOOD DR  
City-St-Zip: IMMOKALEE, FL 34142

Title: V      ( ) Delete  
Name: HOWARD, VANESSA  
Address: 707 PALM RIDGE DRIVE  
City-St-Zip: IMMOKALEE, FL 34142

Title: T      ( ) Delete  
Name: NOBLE, ERCEL  
Address: 550 NORTH 19TH ST. LOT 8  
City-St-Zip: IMMOKALEE, FL 34142

Title: S      ( ) Delete  
Name: NOBLE, ERCEL  
Address: 550 NORTH 19TH ST. LOT 8  
City-St-Zip: IMMOKALEE, FL 34142

**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: HUEY HOWARD

PD

06/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date