

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 18, 2008**  
**Secretary of State**

DOCUMENT# N07000001370

**Entity Name:** RIDING FOR THE HANDICAPPED, INC.**Current Principal Place of Business:**602 GRENADA WAY  
NICEVILLE, FL 32578**New Principal Place of Business:**1499 C-180  
BAKER, FL 32531**Current Mailing Address:**602 GRENADA WAY  
NICEVILLE, FL 32578**New Mailing Address:**1499 C-180  
BAKER, FL 32531**FEI Number:** 26-0338262**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BELL, RON  
1020 FERDON BLVD.SOUTH  
CRESTVIEW, FL 32536 US**Name and Address of New Registered Agent:**BELL, RON  
1499 C-180  
BAKER, FL 32531 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: \_\_\_\_\_

06/18/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** FORBES, MICHAEL  
**Address:** 602 GRENADA WAY  
**City-St-Zip:** NICEVILLE, FL 32578**Title:** D ( ) Delete  
**Name:** BELL, RON  
**Address:** 602 GRENADA WAY  
**City-St-Zip:** NICEVILLE, FL 32578**Title:** D ( ) Delete  
**Name:** CARNEY, TOM  
**Address:** 6339 GARDEN CITY RD  
**City-St-Zip:** CRESTVIEW, FL 32539**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** FORBES, MICHAEL  
**Address:** 1499 C-180  
**City-St-Zip:** BAKER, FL 32531**Title:** D (X) Change ( ) Addition  
**Name:** BELL, RON  
**Address:** 1499 C-180  
**City-St-Zip:** BAKER, FL 32531**Title:** D (X) Change ( ) Addition  
**Name:** HENLEY, BEN  
**Address:** 2702 QUEENSWOOD DRIVE  
**City-St-Zip:** SEBRING, FL 33872

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: MICHAEL FORBES

PRES

06/18/2008

Electronic Signature of Signing Officer or Director

Date