2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# N07000001370

Entity Name: RIDING FOR THE HANDICAPPED, INC.

Current Principal Place of Business:

1499 C-180
BAKER, FL 32531

New Principal Place of Business:

Current Mailing Address:

1499 C-180
BAKER, FL 32531

New Mailing Address:

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
1499 C-180
BAKER, FL 32531 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: PD ( ) Delete
Name: FORBES, MICHAEL
Address: 1499 C-180
City-St-Zip: BAKER, FL 32531

Title: D ( ) Delete
Name: BELL, RON
Address: 1499 C-180
City-St-Zip: BAKER, FL 32531

Title: D ( ) Delete
Name: HENLEY, BEN
Address: 2702 QUEENSWOOD DRIVE
City-St-Zip: SEBRING, FL 33872

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: MICHAEL FORBES PRES 03/01/2009

Electronic Signature of Signing Officer or Director — Date