

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005689

FILED
Apr 28, 2008
Secretary of State

Entity Name: REHAB THROUGH HORSES, INCORPORATED

Current Principal Place of Business:

715 HAWAIIAN DR.
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

715 HAWAIIAN DR.
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 26-1680563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULLUM - TAYLOR, LOIS F
715 HAWAIIAN DR.
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

PULLUM, LOIS F
715 HAWAIIAN DR.
WAUCHULA, FL 33873 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: LOIS PULLUM

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Change (X) Addition
Name: PULLUM, LOIS F
Address: 715 HAWAIIAN DR.
City-St-Zip: WAUCHULA, FL 33873 US

Title: V/D () Change (X) Addition
Name: THOMPSON, ANDREA
Address: 3163 STATE RD. 66 W.
City-St-Zip: WAUCHULA, FL 33873 US

Title: S/D () Change (X) Addition
Name: TAYLOR, RICHARD E JR
Address: 715 HAWAIIAN DR.
City-St-Zip: WAUCHULA, FL 33873 US

Title: T () Change (X) Addition
Name: CARTER, ROBERT
Address: 711 E BAY ST.
City-St-Zip: WAUCHULA, FL 33873 US

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: LOIS PULLUM

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date