

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005689

FILED
Apr 29, 2012
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, LOIS F
715 HAWAIIAN DR.
WAUCHULA, FL 33873 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: P/D
Name: PULLUM, LOIS F
Address: 715 HAWAIIAN DR.
City-St-Zip: WAUCHULA, FL 33873 US

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

Title: SD
Name: TAYLOR, RICHARD E JR
Address: 715 HAWAIIAN DR.
City-St-Zip: WAUCHULA, FL 33873 US

Title: T/D
Name: CARTER, ROBERT
Address: 711 E. BAY STREET
City-St-Zip: WAUCHULA, FL 33873 US

Title: D
Name: COKER, LISA
Address: 358 CIRCLE DRIVE
City-St-Zip: WAUCHULA, FL 33873 US

I hereby 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 all other like empowered.

SIGNATURE: LOIS F. PULLUM

P/D

04/29/2012

Electronic Signature of Signing Officer or Director

Date