2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N07000010627

Entity Name: WILD HORSE RESCUE CENTER, INC.

Current Principal Place of Business:

4970 INTERNATIONAL AVENUE
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

4970 INTERNATIONAL AVENUE
MIMS, FL 32754

New Mailing Address:

FEI Number: 26-1509323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUVAL, STEPHEN J
428 WALNUT STREET
GBREEN COVE SPRINGS, FL 32043 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: DP ( ) Delete
Name: DELANO, DIANE
Address: 4970 INTERNATIONAL AVENUE
City-St-Zip: MIMS, FL 32754

Title: DV ( ) Delete
Name: SMITH, MARY A
Address: 4970 INTERNATIONAL AVENUE
City-St-Zip: MIMS, FL 32754

Title: DS ( ) Delete
Name: STOVER, PHYLLIS
Address: 4970 INTERNATIONAL AVENUE
City-St-Zip: MIMS, FL 32754

Title: DT ( ) Delete
Name: HORVATH, RACCHEL
Address: 4970 INTERNATIONAL AVENUE
City-St-Zip: MIMS, FL 32754

Title: D ( ) Delete
Name: FREDERICK, CAROLYN
Address: 4970 INTERNATIONAL AVENUE
City-St-Zip: MIMS, FL 32754

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:

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: DIANE DELANO PRES 03/30/2009

Electronic Signature of Signing Officer or Director — Date