

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002615

FILED
Feb 11, 2009
Secretary of State

Entity Name: SANTA ROSA COUNTY HORSE ASSISTANCE COUNCIL, INC.

Current Principal Place of Business:

7245 TIDWELL ROAD
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

7245 TIDWELL ROAD
PACE, FL 32571

New Mailing Address:

FEI Number: 51-0671719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAN STEWART, P.A.
4519 HIGHWAY 90
PACE, FL 32571 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: D () Delete
Name: BURNS, LINDSEY
Address: 2598 LAWRENCE COOLEY ROAD
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: CAMPBELL, JOY
Address: 3901 REEDER ROAD
City-St-Zip: JAY, FL 32565

Title: D () Delete
Name: CLEVELAND, MAUREEN E
Address: 7245 TIDWELL ROAD
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: DANIELSON, DAVE
Address: 7090 TEE DON ROAD
City-St-Zip: HOLT, FL 32564

Title: D () Delete
Name: WEEKLEY, KEITH
Address: 6736 QUINETTE ROAD
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: OWENS, NITA
Address: 5801 JESSE ALLEN RD
City-St-Zip: MILTON, FL 32570

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
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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: JOY M. CAMPBELL

D

02/11/2009

Electronic Signature of Signing Officer or Director

Date