

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002615

FILED
Apr 27, 2010
Secretary of State

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

Current Principal Place of Business:

3901 REEDER ROAD
JAY, FL 32565

New Principal Place of Business:

5323 ALABAMA STREET
MILTON, FL 32570

Current Mailing Address:

3901 REEDER ROAD
JAY, FL 32565

New Mailing Address:

PO BOX 775
BAGDAD, FL 32530

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: VP
Name: GALLAGHER, KIMBERLY
Address: 8375 HIGHWAY 87 N.
City-St-Zip: MILTON, FL 32570

Title: S
Name: FRANKLIN, AMANDA
Address: 9724 REDLAND ROAD
City-St-Zip: MILTON, FL 32583

Title: D
Name: BLOODWORTH, RUSSELL
Address: PO BOX 774
City-St-Zip: GREENVILLE, AL 36057

Title: PD
Name: DANIELSON, DAVE
Address: 7090 TEE DON ROAD
City-St-Zip: HOLT, FL 32564

Title: D
Name: WEEKLEY, KEITH
Address: 6736 QUINTETTE ROAD
City-St-Zip: PACE, FL 32571

Title: T
Name: BOONE, JENNIFER L
Address: 5323 ALABAMA STREET
City-St-Zip: MILTON, FL 32570

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: JENNIFER L. BOONE

T

04/27/2010

Electronic Signature of Signing Officer or Director

Date