

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002615

FILED  
Apr 08, 2011  
Secretary of State

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

**Current Principal Place of Business:**

5323 ALABAMA STREET  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 775  
BAGDAD, FL 32530

**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:** 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:** T  
**Name:** BOONE, JENNIFER  
**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

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04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date