

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004109

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: MELLOW RUN EQUESTRIAN CENTER, INC.

**Current Principal Place of Business:**

3490 LAUREL ROAD EAST  
NORTH VENICE, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

1270 THOREAU CIRCLE  
VENICE, FL 34292

**New Mailing Address:**

FEI Number: 42-1756988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOBSON, SUSAN  
1270 THOREAU CIRCLE  
VENICE, FL 34292 US

**Name and Address of New Registered Agent:**

HANSON, HOWARD  
1270 THOREAU CIRCLE  
VENICE, FL 34292 US

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: HOWARD HANSON

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HOBSON, SUSAN  
Address: 1270 THOREAU CIRCLE  
City-St-Zip: VENICE, FL 34292

Title: DVP ( ) Delete  
Name: HANSON, HOWARD  
Address: 1270 THOREAU CIRCLE  
City-St-Zip: VENICE, FL 34292

Title: D ( ) Delete  
Name: MARASCH, MARK  
Address: 3 CEDAR POINT  
City-St-Zip: COLD SPRING, KY 41076

Title: D ( ) Delete  
Name: MARASCH, KRISTIE  
Address: 3 CEDAR POINT  
City-St-Zip: COLD SPRING, KY 41076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: HANSON, HOWARD  
Address: 1270 THOREAU CIRCLE  
City-St-Zip: VENICE, FL 34292

Title: DVP (X) Change ( ) Addition  
Name: HOBSON, SUSAN  
Address: 1270 THOREAU CIRCLE  
City-St-Zip: VENICE, FL 34292

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: HOWARD HANSON

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date