2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N08000008400

Entity Name: EMRY'S ACRES THERAPEUTIC RIDING CENTER, INC.

Current Principal Place of Business:

4350 E HINSON AVE.
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

4350 E HINSON AVE.
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 30-0502750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALLINAN, PATRICK T
1007 SURRY ST.
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

HALLINAN, PATRICK T
4350 E HINSON AVE.
HAINES CITY, FL 33844 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: _____ 04/14/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HALLINAN, NIKKOLE B
Address: 1007 SURRY ST.
City-St-Zip: HAINES CITY, FL 33844

Title: VP ( ) Delete
Name: DYKES, BRANDY N
Address: 6254 HALABRIN RD.
City-St-Zip: HAINES CITY, FL 33844

Title: T ( ) Delete
Name: HALLINAN, PATRICK T
Address: 1007 SURRY ST
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HALLINAN, NIKKOLE B
Address: 4350 E HINSON AVE.
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: HALLINAN, PATRICK T
Address: 4350 E HINSON AVE.
City-St-Zip: HAINES CITY, FL 33844

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: PATRICK T. HALLINAN T 04/14/2009
Electronic Signature of Signing Officer or Director — Date