

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011574

FILED
May 14, 2010
Secretary of State

Entity Name: QUALITY CARE EQUINE RESCUE, INC.

Current Principal Place of Business:

4670 SE 152ND CT
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

PO BOX 317
MORRISTON, FL 32668

New Mailing Address:

FEI Number: 26-3965758 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STAHL, CHRISTINA
4670 SE 152ND CT.
MORRISTON, FL 32668 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: STAHL, CHRISTINA E
Address: 4670 SE 152ND CT
City-St-Zip: MORRISTON, FL 32668

Title: VP
Name: MURDOCK, TODD L
Address: 2297 SW 189TH AVE
City-St-Zip: DUNNELLON, FL 34432

Title: T
Name: RICHARDS, LISA M
Address: 18541 BRADENTON RD
City-St-Zip: FT. MYERS, FL 33967

Title: S
Name: MURDOCK, KRISTINA M
Address: 2297 SW 189TH AVE
City-St-Zip: DUNNELLON, FL 34432

Title: D
Name: HADLEY, CARLETTA L
Address: 1921 EVERGLADES BLVD N
City-St-Zip: NAPLES, FL 34120

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: CHRISTINA STAHL

PRES

05/14/2010

Electronic Signature of Signing Officer or Director

Date