

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001631

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** HAPPY TRAILS THERAPEUTIC RIDING CENTER INC

**Current Principal Place of Business:**

24889 49TH RD  
O'BRIEN, FL 32071

**New Principal Place of Business:**

**Current Mailing Address:**

24889 49TH RD  
O'BRIEN, FL 32071

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SMITH, MARKANA  
24889 49TH RD  
O'BRIEN, FL 32071 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: P  
Name: SMITH, MARKANA  
Address: 24889 49TH RD  
City-St-Zip: O'BRIEN, FL 32071

Title: VP  
Name: SMITH, PHYLLIS M  
Address: 24893 49TH RD  
City-St-Zip: O'BRIEN, FL 32071

Title: D  
Name: BROWN, GEORGE A  
Address: 24889 49TH RD  
City-St-Zip: O'BRIEN, FL 32071

Title: D  
Name: SMITH, CHRISTINE  
Address: 24893 49TH RD  
City-St-Zip: O'BRIEN, FL 32071

Title: D  
Name: SMITH, CLAYTON J  
Address: 24889 49TH RD  
City-St-Zip: O'BRIEN, FL 32071

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: MARKANA SMITH

P

04/29/2010

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

\_\_\_\_\_  
Date