

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002650

FILED
Apr 16, 2010
Secretary of State

Entity Name: NORTHEAST FLORIDA H.O.R.S.E. THERAPIES, INC.

Current Principal Place of Business:

1650 MARGARET ST, SUITE 302, #146
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

1650 MARGARET ST, SUITE 302, #146
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 27-0213014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLORY GAYLE HOLM, P.A.
4315 PABLO OAKS CT
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

CONNELL, JOANNE
734 WREN RD
JACKSONVILLE, FL 32216 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: JOANNE CONNELL

04/16/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: GRINER, BETTY J
Address: 11701 CISCO GARDEN ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: VC
Name: HOLM, STEPHEN Z
Address: 121 POCAHONTAS RD
City-St-Zip: FLORAHOME, FL 32140

Title: DST
Name: CONNELL, JOANNE
Address: 734 WREN RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: MARCO, LIZ
Address: 118 PLUMTON CT
City-St-Zip: JACKSONVILLE, FL 32259

Title: D
Name: TEBOW, PATTI
Address: 15824 FOREST TRAIL RD
City-St-Zip: JACKSONVILLE, FL 32234

Title: D
Name: FULLER, PEGGY DVM
Address: 3230 LORETTO RD
City-St-Zip: JACKSONVILLE, FL 32223

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: JOANNE CONNELL

S/T

04/16/2010

Electronic Signature of Signing Officer or Director

Date