

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004612

FILED
Apr 30, 2012
Secretary of State

Entity Name: WITTS END FARM EQUINE RESCUE AND REHAB CENTER INC.

Current Principal Place of Business:

3700 S INDIANA AVE
ST CLOUD, FL 34769

New Principal Place of Business:

3441 PILGRIM CT
KISSIMMEE, FL 34744

Current Mailing Address:

3441 PILGRIM CT
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 61-1597886 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRONSON-GLASHEEN, CYNTHIA D
3441 PILGRIM COURT
KISSIMMEE, FL 34744 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: BRONSON-GLASHEEN, CYNTHIA D
Address: 3441 PILGRIM CT
City-St-Zip: KISSIMMEE, FL 34744

Title: VP-
Name: GLASHEEN, RODNEY
Address: 3441 PILGRIM CT
City-St-Zip: KISSIMMEE, FL 34744

Title: SECR
Name: WHITNEY, TAMMY
Address: 2801 ABSHER RD
City-St-Zip: ST CLOUD, FL 34771

Title: T
Name: KUJAT, KATHLEEN
Address: 7320 CRABGRASS ROAD
City-St-Zip: ST. CLOUD, FL 34773

Title: D
Name: MARTINEZ, MICHELLE
Address: 11111 TINDAL ROAD
City-St-Zip: ORLANDO, FL 32832

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: CYNTHIA BRONSON GLASHEEN

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date