

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009715

FILED
Feb 10, 2012
Secretary of State

Entity Name: HEALING TOUCH THERAPEUTIC RIDING CENTER, INC.

Current Principal Place of Business:

2365 ABSHER ROAD
ST. CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

2365 ABSHER ROAD
ST. CLOUD, FL 34771

New Mailing Address:

FEI Number: 27-0921872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINGSLIEN, MARY K
2365 ABSHER ROAD
ST. CLOUD, FL 34771 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: PD
Name: KINGSLIEN, MARY K
Address: 2365 ABSHER ROAD
City-St-Zip: ST. CLOUD, FL 34771

Title: VD
Name: DAVIS, CHRISTINE L
Address: 2365 ABSHER ROAD
City-St-Zip: ST. CLOUD, FL 34771

Title: TREA
Name: GUNN, MARION
Address: 2365 ABSHER ROAD
City-St-Zip: ST. CLOUD, FL 34771

Title: SEC
Name: GUNN, CHRISTOPHER
Address: 2365 ABSHER ROAD
City-St-Zip: ST CLOUD, FL 34771

Title: DIR
Name: HUFTILL, CHRISTINE
Address: 2365 ABSHER ROAD
City-St-Zip: ST CLOUD, FL 34771

Title: DIR
Name: SAVOLAINEN, JOAN
Address: 2365 ABSHER ROAD
City-St-Zip: ST CLOUD, FL 34771

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: MARY K. KINGSLIEN

PRES

02/10/2012

Electronic Signature of Signing Officer or Director

Date