

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011281

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** HORSES HEALING HEARTS, INC.

**Current Principal Place of Business:**

5141 FOREST DALE DR.  
LAKE WORTH, FL 33449

**New Principal Place of Business:**

10359 OAK MEADOW LANE  
WELLINGTON, FL 33449

**Current Mailing Address:**

5141 FOREST DALE DR.  
LAKE WORTH, FL 33449

**New Mailing Address:**

10359 OAK MEADOW LANE  
WELLINGTON, FL 33449

**FEI Number:** 27-1386140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLSZEWSKI, LIZABETH R  
5141 FOREST DALE DR.  
LAKE WORTH, FL 33449 US

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

OLSZEWSKI, LIZABETH R  
10359 OAK MEADOW LANE  
WELLINGTON, FL 33449 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: LIZABETH OLSZEWSKI

04/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: OLSZEWSKI, LIZABETH R  
Address: 10359 OAK MEADOW LANE  
City-St-Zip: WELLINGTON, FL 33449

Title: VP  
Name: DIAZ, PHIL  
Address: 211 BIRCH ST.  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MBR  
Name: WINDSOR, ALICIA  
Address: 605 N. OLIVE AVE. 2ND FLOOR  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SEC  
Name: ROSOFF, MARY  
Address: 2275 SO. OCEAN BLVD. C/O THE REEF  
City-St-Zip: PALM BEACH, FL 33480

Title: MBR  
Name: COTTLER, DAWN  
Address: 9776 WOODWORTH COURT  
City-St-Zip: WELLINGTON, FL 33414

Title: MBR  
Name: BUTLER-HOWLEY, TRUDI  
Address: 625 CINDY CIRCLE LANE  
City-St-Zip: WELLINGTON, FL 33414

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: LIZABETH OLSZEWSKI

PRES

04/26/2012

Electronic Signature of Signing Officer or Director

Date