

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003686

FILED
Feb 14, 2012
Secretary of State

Entity Name: HORSE HEAVEN RESCUE INC.

Current Principal Place of Business:

14520 ORANGE AVE
FT. PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

14520 ORANGE AVE
FT. PIERCE, FL 34945

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:

COLAIZZI, ALFRED
14520 ORANGE AVE
FT. PIERCE, FL 34945 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: DIDONATO, CHRISTIAN J
Address: 701 SW AMBER TERR
City-St-Zip: PORT ST LUCIE, FL 34945

Title: T
Name: DIDONATO, KAREN
Address: 14520 ORANGE AVE
City-St-Zip: FT. PIERCE, FL 34945

Title: VP
Name: COLAIZZI, ALFRED
Address: 14520 ORANGE AVE
City-St-Zip: FT. PIERCE, FL 34945

Title: S
Name: LAMORE, SUSAN
Address: 519 SW HIAWATHA ST.
City-St-Zip: PORT ST LUCIE, FL 34945

Title: MGRM
Name: WHITAKER, ASHLY M
Address: 526 NW AZALEA AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D
Name: GANNON, ANGELA
Address: 122 LAIDBACK WAY
City-St-Zip: FORT PIERCE, FL 34945

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: CHRISTIAN DIDONATO

P

02/14/2012

Electronic Signature of Signing Officer or Director

Date