

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005001

FILED
Feb 08, 2012
Secretary of State

Entity Name: THERAPEUTIC RIDING OF TALLAHASSEE, INC.

Current Principal Place of Business:

15800 MAHAN DRIVE
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

15800 MAHAN DRIVE
TALLAHASSEE, FL 32309 US

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:

HILDEBRANDT, JONI L
15800 MAHAN DRIVE
TALLAHASSEE, FL 32309 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: HILDEBRANDT, JONI L
Address: 15800 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: VP
Name: BARINEAU, CAROL S
Address: 1220 BARINEAU ROAD
City-St-Zip: QUINCY, FL 32352 US

Title: VP
Name: TAYLOR, CATHERINE J
Address: 1434 DENHOLM DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US

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: JONI HILDEBRANDT

MS.

02/08/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date