2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2012
Secretary of State

DOCUMENT# N11000009995

Entity Name: HEALING HORSE THERAPY CENTER, INC.

Current Principal Place of Business:

1752 C RD.
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

1181 C RD.
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 90-0770346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANSON, MAURETTE
1181 C RD.
LOXAHATCHEE, FL 33470 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: PRES
Name: HANSON, MAURETTE
Address: 1181 C RD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP
Name: HANSON, LLOYD
Address: 1181 C RD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SEC.
Name: HANSON, MAURETTE
Address: 1181 C RD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TREA
Name: HANSON, LLOYD
Address: 1181 C RD.
City-St-Zip: LOXAHATCHEE, FL 33470

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: MAURETTE HANSON PRES 09/04/2012
Electronic Signature of Signing Officer or Director Date