

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 03, 2012
Secretary of State

DOCUMENT# N12663

Entity Name: MARION THERAPEUTIC RIDING ASSOCIATION, INC.**Current Principal Place of Business:**6850 SE 41ST COURT
OCALA, FL 34480 US**New Principal Place of Business:****Current Mailing Address:**6850 SE 41ST COURT
OCALA, FL 34480 US**New Mailing Address:****FEI Number:** 59-2822032**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBBINS, KATE
9320 NW 115TH AVENUE
OCALA, FL 34482 US**Name and Address of New Registered Agent:**JOHNSON, TAMARA
6350 NW 135TH AVENUE
MORRISTON, FL 32668 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: TAMARA JOHNSON

10/03/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TR
Name: KANE, TERRI
Address: 2405 SE 17TH ST, #402
City-St-Zip: OCALA, FL 34471

Title: PRES
Name: JOHNSON, TAMARA
Address: 6350 NW 135TH AVENUE
City-St-Zip: MORRISTON, FL 32668

Title: VP
Name: STANTON, MARY BETH DVM
Address: 3100 NW 68TH AVE.
City-St-Zip: OCALA, FL 34482

Title: SEC
Name: HEYSEK, RICHARD
Address: 2360 NW 140TH STREET
City-St-Zip: CITRA, FL 32113

Title: DIR
Name: MORGAN, DORI
Address: 19350 SE 52ND PLACE
City-St-Zip: MORRISTON, FL 32668

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: TAMARA JOHNSON

PRES

10/03/2012

Electronic Signature of Signing Officer or Director

Date