

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21621

FILED
Jan 20, 2009
Secretary of State

Entity Name: THE FLORIDA RESEARCH INSTITUTE FOR EQUINE NURTURING, DEVELOPMENT AND SAFETY, INC.

Current Principal Place of Business:

19801 SHERIDAN ST
PEMBROKE PINES, FL 33332

New Principal Place of Business:

Current Mailing Address:

1840 NE 65TH COURT
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 59-2825751 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BEYE, DEBRA
1840 N.E. 65 COURT
FT. LAUDERDALE, FL 33308 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: D () Delete
Name: BEYE, FAITH A.
Address: 1840 NE 65 COURT
City-St-Zip: FORT LAUDERDALE, FL

Title: DTC () Delete
Name: BARWICK, DEBRA B
Address: 1840 NE 65 CT
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D () Delete
Name: MCLEAN, MICHELLE
Address: 11641 NW 24TH ST
City-St-Zip: PLANTATION, FL 33323

Title: DP () Delete
Name: LYNNE, MANDRY
Address: 3682 W VALLEY DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: D () Delete
Name: SUE YOUNG,
Address: 1107 N.E. 16TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL

Title: D () Delete
Name: JAY, HILTON DR DVM
Address: 5121 SW 90 AVENUE STE 5
City-St-Zip: FORT LAUDERDALE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBRA BEYE

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date