FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N38584** **(1)**

1. Corporation Name
SUNCOAST THERAPEUTIC EQUESTRIAN PROGRAM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~14715 MOSSY HAMMOCK LANE~~ ~~MYAKKA CITY FL 34251~~ ~~US~~	~~POST OFFICE BOX 1520~~ ~~TALLEVAST FL 34270~~ ~~US~~

3. Date Incorporated or Qualified: 06/13/1990
3a. Date of Last Report: 06/23/1994
4. FEI Number: 65-0196797 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 9739 Fruitville Rd.,Sar.,34240	2a. Mailing Address 26 9739 Fruitville Rd. Sarasota, 34240
Suite, Apt. #, etc. 22 9739 Fruitville RD.	Suite, Apt. #, etc. 27 9739 Fruitville Rd.
City & State 23 Sarasota, Florida	City & State 28 Sarasota, Florida
Zip / Country 24 34240 / 25 USA	Zip / Country 29 34240 / 30 USA

4. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~PITTMAN, DEBORAH~~ ~~2896 48TH WAY EAST~~ ~~BRADENTON FL 34203~~	81 Name: Robert F. Bluck 82 Street Address (P.O. Box Number is Not Acceptable): 3448 Longmeadow 83 84 City: Sarasota FL 85 Zip Code: 34235

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert F. Bluck — 10 April 1995
(Typed or printed name and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DOB~~	11 TITLE	P/C/D	☒ Change ☐ Addition
NAME	~~BACHRACH, WILLIAM~~	12 NAME	Goldsberry, Michael	
STREET ADDRESS	~~2750 GOODWOOD COURT~~	13 STREET ADDRESS	39755 Shady Lane Terrace	
CITY-ST-ZIP	~~SARASOTA FL~~	14 CITY-ST-ZIP	Myakka, Fl. 34251	
TITLE	VD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	~~MAGNUS, ROBERT~~	22 NAME	Courtney, Brooks B.	
STREET ADDRESS	~~2402 ARBORFIELD SQUARE~~	23 STREET ADDRESS	9739 Fruitville Road	
CITY-ST-ZIP	~~SARASOTA FL~~	24 CITY-ST-ZIP	Sarasota, F. 34240	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	SCUTT, CAROLE	32 NAME		
STREET ADDRESS	8347 CYPRESS HOLLOW DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	T/D	☒ Change ☐ Addition
NAME	~~MARCHA, SEMRINGE~~	42 NAME	Robert F. Bluck	
STREET ADDRESS	~~14305 MOSSY HAMMOCK LANE~~	43 STREET ADDRESS	3448 Longmeadow	
CITY-ST-ZIP	~~MYAKKA CITY FL~~	44 CITY-ST-ZIP	Sarasota, Fl. 34235	
TITLE	D	51 TITLE	O	☒ Change ☐ Addition
NAME	PITTMAN, DEBORAH A.	52 NAME	Pittman, Deborah A.	
STREET ADDRESS	2896 48TH WAY EAST	53 STREET ADDRESS	2896 48th Way East	
CITY-ST-ZIP	BRADENTON FL	54 CITY-ST-ZIP	Bradenton, Fl.	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Goldsberry, President 4/10/95 322-1397
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #