2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004
Secretary of State

DOCUMENT# N40072

Entity Name: HORSES AND HANDICAPPED FOUNDATION, INC.

Current Principal Place of Business:

5353 HANCOCK RD
SOUTH RANCHES, FL 33330

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 450165
SUNRISE, FL 33345

New Mailing Address:

FEI Number: 65-0222795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILBERT, RHONDA
5171 SW 136TH AVE
SOUTHWEST RANCHES, FL 33330 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: STEVENS, MARK
Address: 5353 HANCOCK RD
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: D ( ) Delete
Name: MOCNY, TONY
Address: 5353 HANCOCK RD
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: D ( ) Delete
Name: GILBERT, RHONDA
Address: 5171 SW 136TH AVENUE
City-St-Zip: SW RANCHES, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STEVENS, MARK
Address: 5401 HANCOCK RD
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: D (X) Change ( ) Addition
Name: MOCNY, TONY
Address: 5401 HANCOCK RD
City-St-Zip: SOUTHWEST RANCHES, FL 33330

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RHONDA GILBERT D 02/05/2004

Electronic Signature of Signing Officer or Director — Date