

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43394

FILED
Jan 17, 2009
Secretary of State

Entity Name: SPECIAL EQUESTRIANS, INC.

Current Principal Place of Business:

5121 STALEY ROAD
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

PO BOX 61528
FT MYERS, FL 339061528

New Mailing Address:

FEI Number: 65-0250071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIFER, JAN
16980 RIVERBOAT BEND
ALVA, FL 33920 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: P () Delete
Name: FIFER, JAN
Address: 16980 RIVERBOAT BEND
City-St-Zip: FORT MYERS, FL 33920

Title: V () Delete
Name: RODRIGUES, RAYMOND
Address: 11401 WORCESTER RUN
City-St-Zip: ESTERO, FL 33928

Title: V () Delete
Name: YOUNGLING, JAN
Address: 1830 EMBARCADERO WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: S () Delete
Name: JACOBUS, HONORA
Address: 12041 BRASSIE CIRCLE
City-St-Zip: FORT MYERS, FL 33913

Title: T () Delete
Name: JONES, FREDA
Address: 19350 MEREDITH ROAD
City-St-Zip: NORTH FORT MYERS, FL 33917

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:

Title: () Change () Addition
Name:
Address:
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: JAN FIFER

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date