

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46228

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** SOUTHEASTERN PERUVIAN HORSE CLUB, INC.

**Current Principal Place of Business:**

2817 SW 186TH ST.  
NEWBERRY, FL 32669 US

**New Principal Place of Business:**

**Current Mailing Address:**

2817 SW 186TH ST.  
NEWBERRY, FL 32669 US

**New Mailing Address:**

**FEI Number:** 59-3111417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HARRISON, LORI A  
2817 SW 186 STREET  
NEWBERRY, FL 32669 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: VP ( ) Delete  
Name: GANDY, EDITH  
Address: PO BOX 866  
City-St-Zip: ANTHONY, FL 32617 US

Title: D ( ) Delete  
Name: RODRIGUEZ, ANGEL  
Address: 715 KIRKPATRICK RD  
City-St-Zip: COCHRAN, GA 31014 US

Title: T ( ) Delete  
Name: HARRISON, LORI  
Address: 2817 SW 186TH ST.  
City-St-Zip: NEWBERRY, FL 32669 US

Title: D ( ) Delete  
Name: HARGROVE, NANCY  
Address: 10522 S. HWY 441  
City-St-Zip: MICANOPY, FL 32667 US

Title: P ( ) Delete  
Name: MALPARTIDA, CARLOS  
Address: 11906 NW 27TH PLACE  
City-St-Zip: ALACHUA, FL 32615 US

Title: S ( ) Delete  
Name: GRANT, GLORIA  
Address: 5393 PAINTED PONY AVE.  
City-St-Zip: MELROSE, FL 32666 US

**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:

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: LORI A. HARRISON

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date