

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46228

**FILED**  
**Apr 27, 2011**  
**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: P  
Name: HARGROVE, NANCY  
Address: 10522 S. HWY 441  
City-St-Zip: MICANOPY, FL 32667 US

Title: VP  
Name: PINKHAM, JUNE  
Address: PO BOX 807  
City-St-Zip: POMONA PARK, FL 32181 US

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

Title: S  
Name: GRANT, GLORIA  
Address: PO BOX 1209  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: D  
Name: GANDY, EDITH  
Address: PO BOX 866  
City-St-Zip: ANTHONY, FL 32617 US

I hereby 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 all other like empowered.

**SIGNATURE:** LORI A. HARRISON

T

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date