

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000421

FILED
Jan 08, 2009
Secretary of State

Entity Name: SPECIAL EQUESTRIANS OF THE TREASURE COAST, INC.

Current Principal Place of Business:

7280 53RD ST.
VERO BEACH, FL 32967 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 65-1312
VERO BEACH, FL 329651312

New Mailing Address:

FEI Number: 59-3148178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEILL, EUGENE J ESQ
979 BEACHLAND BLVD.
VERO BEACH, FL 32963 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: PD () Delete
Name: WORTHINGTON, COCKEY
Address: 540 N. MONTEREY DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: TD () Delete
Name: PELAN, BARBARA
Address: 516 FIDDLEWOOD RD
City-St-Zip: VERO BEACH, FL 32963

Title: SD () Delete
Name: POST, DONNA
Address: 540 NORTH MONTEREY DR
City-St-Zip: VERO BEACH, FL 32963

Title: VD () Delete
Name: SOULE, LYNDALL
Address: PO BOX 968
City-St-Zip: ROSELAND, FL 32957

Title: D () Delete
Name: ATWOOD, GINGER
Address: 630 ALEXANDRA AVE
City-St-Zip: VERO BEACH, FL 32968

Title: D () Delete
Name: KNAPP, MARY
Address: PO BOX 5313
City-St-Zip: VERO BEACH, FL 32961

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOULE, LYNDALL DOCTOR
Address: PO BOX 968
City-St-Zip: ROSELAND, FL 32957

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

Title: SD (X) Change () Addition
Name: SHERWOOD, ELIZABETH
Address: 5090 FAIRWAYS CIRCLE, #107
City-St-Zip: VERO BEACH, FL 32967

Title: VD (X) Change () Addition
Name: PELAN, KEITH
Address: 516 FIDDLEWOOD ROAD
City-St-Zip: VERO BEACH, FL 32963

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: BARBARA PELAN

TREA

01/08/2009

Electronic Signature of Signing Officer or Director

Date