


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90017 012 \*\*\*\*61.25

<b>DOCUMENT # N94000000995</b>					
<b>1. Entity Name</b> DANCING HORSE DRESSAGE AND COMBINED TRAINING, INC.					
<b>Principal Place of Business</b> C/O ROSS 1310 LITTLE HARBOUR DR. VERO BEACH, FL 32963			<b>Mailing Address</b> C/O ROSS 1310 LITTLE HARBOUR DR. VERO BEACH, FL 32963		
<b>2. Principal Place of Business - No P.O. Box #</b> 4276 Serendipity Lane Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4276 Serendipity Lane Suite, Apt. #, etc.			
<b>City &amp; State</b> West Melbourne, FL Zip: 32904 Country: USA		<b>City &amp; State</b> West Melbourne, FL Zip: 32904 Country: USA		<b>4. FEI Number</b> 65-0473022	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> WOODRUFF ROSS, MARTHA 1310 LITTLE HARBOUR DR. VERO BEACH, FL 32963			<b>7. Name and Address of New Registered Agent</b> Name: Cindy Booska Street Address (P.O. Box Number is Not Acceptable): 4276 Serendipity Lane City: West Melbourne FL Zip Code: 32904		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <u>Cindy Booska</u> <span style="float: right;">2/21/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> S <b>NAME</b> FINK, TERRY <b>STREET ADDRESS</b> 354 BUCKSKIN ST <b>CITY-ST-ZIP</b> PALM BAY, FL 32909	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Joan Morse <b>STREET ADDRESS</b> 4266 Hield Road <b>CITY-ST-ZIP</b> Palm Bay, FL 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> MCLACHLAN, MARIJO <b>STREET ADDRESS</b> 1805 COREY RD <b>CITY-ST-ZIP</b> MALABAR, FL 32950	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> Sandy Gillespie <b>STREET ADDRESS</b> 3866 Hield Road NW <b>CITY-ST-ZIP</b> Palm Bay, FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> COBLE, KIT <b>STREET ADDRESS</b> 3071 RIO PALMA NORTH <b>CITY-ST-ZIP</b> INDIALANTIC, FL 32903	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> ROSS, MARTHA W <b>STREET ADDRESS</b> 1310 LITTLE HARBOUR DR. <b>CITY-ST-ZIP</b> VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> Cindy Booska <b>STREET ADDRESS</b> 4276 Serendipity Lane <b>CITY-ST-ZIP</b> West Melbourne, FL 32904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> GILLSEPIE, SANDY <b>STREET ADDRESS</b> 3866 HIELD RD NW <b>CITY-ST-ZIP</b> PALM BAY, FL 32907	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Mary McGuire Smith <b>STREET ADDRESS</b> 6625 W. 82nd Avenue <b>CITY-ST-ZIP</b> Vero Beach, FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SUSAN, SELF <b>STREET ADDRESS</b> 13920 97TH ST <b>CITY-ST-ZIP</b> FELLSMERE, FL 32948	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Cynthia Loral <b>STREET ADDRESS</b> 245 21st Avenue <b>CITY-ST-ZIP</b> Vero Beach, FL 32962	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Cindy Booska</u> <u>Cindy Booska</u> <span style="float: right;">2/21/07 (321) 508-6821</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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