

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000995

FILED  
Feb 04, 2012  
Secretary of State

**Entity Name:** DANCING HORSE DRESSAGE AND COMBINED TRAINING, INC.

**Current Principal Place of Business:**

504 BAY CIRCLE  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

4525 WHITE ROAD  
MELBOURNE, FL 32934

**Current Mailing Address:**

504 BAY CIRCLE  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

4525 WHITE ROAD  
MELBOURNE, FL 32934

FEI Number: 65-0473022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALTERMAN, VICTORIA  
504 BAY CIRCLE  
INDIAN HARBOUR BEACH, FL 32937 US

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

ALTERMAN, VICTORIA  
4525 WHITE ROAD  
MELBOURNE, FL 32934 US

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:

02/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GILLESPIE, SANDY  
Address: 3866 HIELD ROAD NW  
City-St-Zip: PALM BAY, FL 329307

Title: T  
Name: ALTERMAN, VICTORIA  
Address: 4525 WHITE ROAD  
City-St-Zip: MELBOURNE, FL 32934

Title: VP  
Name: NAGLE, BARBARA  
Address: 4545 BERRY ROAD  
City-St-Zip: GRANT, FL 32949

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: VICTORIA ALTERMAN

TREA

02/04/2012

Electronic Signature of Signing Officer or Director

Date