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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001776 (2)

1. Corporation Name

SMITH'S CENTER FOR THERAPEUTIC RIDING, INC.



Principal Place of Business

Mailing Address

231 S. TAMiami TRAIL
NOKOMIS FL 34275

231 S. TAMiami TRAIL
NOKOMIS FL 34275-3148

3. Date Incorporated or Qualified
11/07/1994

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 11808 Marsh Head Rd.

26 P.O. Box 10369

4. FEI Number

65-0536169

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Sarasota FL

28 Sarasota FL

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 34240 25

28 34278-03 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ICARD MERRILL CULLIS TIMM FUREN GINSBURG
ATTN: TROY H. MYERS, JR.
2033 MAIN STREET SUITE 600
SARASOTA FL 34237

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME NASTAN, MARY
STREET ADDRESS 2278 BLACK OAK COURT
CITY-ST-ZIP SARASOTA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME STRUTH, JOHN
STREET ADDRESS 2002 MATTISON DR
CITY-ST-ZIP PALM BAY FL

2.1 TITLE Change Addition
2.2 NAME D
2.3 STREET ADDRESS Jay Bee Monroe
2.4 CITY-ST-ZIP 7883 S Loewynn Terr.
Sarasota, FL 34240

TITLE D DELETE
NAME BLEN, NANCY
STREET ADDRESS 900 DARTMOOR CIRCLE
CITY-ST-ZIP NOKOMIS FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donna L. Blem*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97 941-3770969
Date Daytime Phone # 0084083

CR2E037 (9/96)