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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500001776 (2)

SMITH'S CENTER FOR THERAPEUTIC RIDING, INC.

FILED Feb 09 1998 8:00am Secretary of State

O	O OLIVICITY ON THEM	W LOTTO THOMAS, IN	.					
Principal Place	e of Business	Mailing Address				DI OBERI BUELF BRIEF OB	E n a hi n ik Ennea i	OUID DIN FOOL
11808 MARSH SARASOTA FL US		PO BOX 10369 SARASOTA FL 342 US	? 78-03 69		3. Date Incorporated or Qua 11/07/1994 4. FEI Number 65-0536169	lified		oplied For
2. Principal P	lace of Business	2a. Mailing Addre	88			. 🗀	4 5	Additional
21		26	-		5. Certificate of Status Desir	ed 🔲		equired
Sulte, Apt.	#, etc.	Suite, Apt. #,	etc.		6, Election Campaign Finance	oing	\$5.00	
92		27			Trust Fund Contribution		Added to	
City & State	в	City & State			7. Is this nonprofit corporation	on a homeowners	s associatio	n?
23		28				Yes 2	No	
Zip	Country	Zip	Coun	lry	8. This corporation owes or			
24	25	29	30		Personal Property Tax du			_ No
	9. Name and Address of Cu	irrent Registered Agent		<u> </u>	10. Name and Address of N	ew Registered A	Agent .	
			ľ	Name	OLA WOLFINGER			
icard i	Merrill Cullis Timm Fure	in ginsburg	8	2 Street /	ddress (P.O. Box Number Is Not Ac	ceptable)		
ATIN: '	troy H. Myers, Jr.			45	609 BEE RIDGE			
2033 M	ain street suite 600		8	3				
SARASC	OTA FL 34237		ē	4 City			85 Zip	Code
			1	SAR	4 50TA	<u>FL</u>	34	233
11. Pursuant	to the provisions of Sections 617	.0502 and 617.1508, Florid	a Statutes, the abo	ve-named	corporation submits this statement for	or the purpose of	changing it	ts registered
agent. I a	maniliar with, and accept the c	objections of Section 617.0	503, Florida Statul	les.	oration's board of directors. I hereby	Accept the appo		registored
SIGNATURE	Chala X. /1)	(L				1/18	3/98	
	Signature, typed or printed name of registers			ont signature	required when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO			
12.	OFFICERS D		.ETE 1.1 TITL		·		DIRECTOR Change	RS IN 12
12.	OFFICERS D NASTAN, MARY	S AND DIRECTORS	.ETE 1.1 TITLI 1.2 NAM	E E	ADDITIONS/CHANGES TO		Change	
12.	OFFICERS D NASTAN, MARY 2278 BLACK OAK COUR	S AND DIRECTORS	.ETE 1.1 TITLI 1.2 NAM		D IIBOB MARSH H	EAD RO	Change	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D NASTAN, MARY 2278 BLACK OAK COUR' SARASOTA FL	S AND DIRECTORS DEL	13. LETE 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 City	E IE EET ADORESS - ST-ZIP	D IIBOB MARSH H SARASOTA, FL		Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D NASTAN, MARY 2278 BLACK OAK COUR SARASOTA FL D	S AND DIRECTORS	13ETE 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY .ETE 2.1 TITU	E EET ADORESS - ST - ZIP E	ADDITIONS/CHANGES TO D 11808 MARSH H SARASOTA, FL	EAD RD 34240	Change Change	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D NASTAN, MARY 2278 BLACK OAK COUR SARASOTA FL D MONROE, JAY BEE 7883 S LEEWYNN TERR	S AND DIRECTORS DEL	13ETE 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI	E E E E E E E E E E E E E E E E E E E	ADDITIONS/CHANGES TO D IIBOB MARSH H SARASOTA, FL D VICKI KNAPP 1347 WASHINGT	EAD RD 34240 ON DRI	Change Change	Addition
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I 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.