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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001776 (2)**

1. Corporation Name

SMITH'S CENTER FOR THERAPEUTIC RIDING, INC.



Principal Place of Business	Mailing Address
11808 MARSH HEAD RD SARASOTA FL 34240 US	PO BOX 10369 SARASOTA FL 34278-0369 US

3. Date Incorporated or Qualified 11/07/1994	
4. FEI Number 65-0536169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	
ICARD MERRILL CULLIS TIMM FUREN GINSBURG ATTN: TROY H. MYERS, JR. 2033 MAIN STREET SUITE 600 SARASOTA FL 34237	

10. Name and Address of New Registered Agent	
81 Name ENOLA WOLFINGER	
82 Street Address (P.O. Box Number Is Not Acceptable) 4509 DEE RIDGE RD #B	
83	
84 City SARASOTA	85 Zip Code FL 34233

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 *Enola H. Wolfinger* **1/13/98**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	NASTAN, MARY
STREET ADDRESS	2278 BLACK OAK COURT
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MONROE, JAY BEE
STREET ADDRESS	7883 S LEEWYNN TERR
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BLEN, NANCY
STREET ADDRESS	900 DARTMOOR CIRCLE
CITY-ST-ZIP	NOKOMIS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11808 MARSH HEAD RD
1.4 CITY-ST-ZIP	SARASOTA, FL 34240
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICKI KNAPP
2.3 STREET ADDRESS	1347 WASHINGTON DRIVE
2.4 CITY-ST-ZIP	VENICE, FL 34293
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ENOLA H. WOLFINGER
3.3 STREET ADDRESS	681 PERCHERON CIRCLE
3.4 CITY-ST-ZIP	NOKOMIS, FL 34275
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE *Enola H. Wolfinger* **1/13/98** **TREASURER / DIRECTOR** **9413710008**

CP2E037 (10/97)