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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N9500001776

1. Corporation Name
 SMITH'S CENTER FOR THERAPEUTIC RIDING, INC

Principal Place of Business SMITH'S CENTER	Mailing Address % AMERICAN ACCOUNTING
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2. Principal Place of Business 21 1621 RANCH RD Suite, Apt. #, etc. 22 City & State 23 Nokomis FL Zip Country 24 34275 25 USA	2a. Mailing Address 26 4509 BEE RIDGE RD Suite, Apt. #, etc. 27 STE B City & State 28 SARASOTA FL Zip Country 29 34233 30 USA	3. Date Incorporated or Qualified 11-7-94 4. FEI Number 65-0536169 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent ENOLA H. WOLFINGER 681 PERCHON CIR Nokomis, FL 34275	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY NASTAN, DIR <input checked="" type="checkbox"/> DELETE 11808 MARSH HEAD RD SARASOTA, FL 34240	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DONNA BLEM, EXEC DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 365 Nokomis FL 34274
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICKI KNAPP, DIR, PRES <input type="checkbox"/> DELETE 1347 WASHINGTON DR VENICE FL 34293	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENOLA H. WOLFINGER, DIR, TREAS <input type="checkbox"/> DELETE 681 PERCHON CIR Nokomis FL 34275	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Enola H. Wolfinger TREASURER 3/30/99 941-371-0008
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25037-11/98