

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90025 003 ****70.00

DOCUMENT # N95000001776

1. Entity Name

SMITH'S CENTER FOR THERAPEUTIC RIDING, INC.



Principal Place of Business

1621 RANCH RD
NOKOMIS FL 34275
US

Mailing Address

PO BOX 365
NOKOMIS FL 34274
US

34043340

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0536169

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCSWEENEY, DENNIS
1620 MAIN STREET SUITE 12
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Donna Blem

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

1621 Ranch Road

Nokomis

City

FL

Zip Code

34275

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Donna Blem

Donna Blem Executive Director 3-24-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME RYSKAMP, PATRICK
STREET ADDRESS 6252 TUPELO TRAIL
CITY-ST-ZIP BRADENTON FL 34202 ☐ Delete

TITLE ED
NAME BLEM, DONNA
STREET ADDRESS P O BOX 365
CITY-ST-ZIP NOKOMIS FL 34274 ☐ Delete

TITLE VPD
NAME HOWELL, RICK
STREET ADDRESS 193 KEYSTONE RD.
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE SD
NAME HURLBURT, DAWN
STREET ADDRESS 3630 BENEVA OAKS DR.
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

TITLE TD
NAME SCOONES, DAVID
STREET ADDRESS 4757 ANTILER TRAIL
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna Blem

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-04

Date

941 412 9333

Daytime Phone #