

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001776

FILED
Jan 18, 2005
Secretary of State

Entity Name: SMITH'S CENTER FOR THERAPEUTIC RIDING, INC.

Current Principal Place of Business:

1621 RANCH RD
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 365
NOKOMIS, FL 34274 US

New Mailing Address:

FEI Number: 65-0536169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLEM, DONNA
1621 RANCH RD.
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RYSKAMP, PATRICK
Address: 6252 TUPELO TRAIL
City-St-Zip: BRADENTON, FL 34202

Title: ED () Delete
Name: BLEM, DONNA
Address: P O BOX 365
City-St-Zip: NOKOMIS, FL 34274

Title: VPD () Delete
Name: HOWELL, RICK
Address: 193 KEYSTONE RD.
City-St-Zip: VENICE, FL 34292

Title: SD () Delete
Name: HURLBURT, DAWN
Address: 3630 BENEVA OAKS DR.
City-St-Zip: SARASOTA, FL 34238

Title: TD () Delete
Name: SCOONES, DAVID
Address: 4757 ANTLER TRAIL
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HURLBURT, DAWN
Address: 3630 BENEVA OAKS DRIVE
City-St-Zip: SARASOTA, FL 34238

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: HALLORAN, RICK
Address: 6016 PINE TREE DRIVE
City-St-Zip: BRADENTON, FL 34202

Title: SD (X) Change () Addition
Name: SCOONES, DAVID
Address: 4757 ANTLER TRAIL
City-St-Zip: SARASOTA, FL 34238

Title: TD (X) Change () Addition
Name: WILSON, JENA
Address: 8804 MANOR LOOP, #202
City-St-Zip: BRADENTON, FL 34202

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA L. BLEM

ED

01/18/2005

Electronic Signature of Signing Officer or Director

Date