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May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003443 (6)**

1. Corporation Name

**E.T.C. HORSE RESCUE, INC.**

Principal Place of Business

Mailing Address

**8140 NW 125TH ST  
REDDICK FL 32686**

**P O BOX 770332  
OCALA FL 34477**

3. Date Incorporated or Qualified

**06/27/1996**

4. FEI Number

**59-3405806**

Applied For

Not Applicable

2. Principal Place of Business

**21 600 NW 117th Street**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

City & State

**23 Ocala FL**

City & State

**28**

Zip

**24 34475**

Country

**25 Marion**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**WELLS, F M JR  
4911 PARK ST N  
ST PETERSBURG FL 33709**

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME  
PTD  
HECK, SUSAN L  
STREET ADDRESS  
8140 NW 125TH ST  
CITY-ST-ZIP  
REDDICK FL 32686**

TITLE ☐ DELETE

**NAME  
VD  
HECK, MICHAEL Q  
STREET ADDRESS  
8140 NW 125TH ST  
CITY-ST-ZIP  
REDDICK FL 32686**

TITLE ☐ DELETE

**NAME  
SD  
JONES, BRENDA  
STREET ADDRESS  
888 51ST AVE N  
CITY-ST-ZIP  
ST PETERSBURG FL 33703**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
600 NW 117th Street  
OCALA FL 34477**

☒ Change ☐ Addition

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
600 NW 117th Street  
OCALA FL 34477**

☐ Change ☐ Addition

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE  
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: **Susan L. Heck, PTD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0068092

**4/27/98 (352) 369-9300**

CR2E037 (10/97)