

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004851

FILED
Aug 15, 2007
Secretary of State

Entity Name: ROCK'N'WIN EQUITHERAPY, INC.

Current Principal Place of Business:

1983 HOOT OWL HILL
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

8589 CR 322
DUBLIN, TX 76446

New Mailing Address:

FEI Number: 59-3418849 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REVELL, LISA
1983 HOOT OWL HILL
TALLAHASSEE, FL 32317 US

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: DS () Delete
Name: REVELL, LISA
Address: 1983 HOOT OWL HILL
City-St-Zip: TALLAHASSEE, FL 32317

Title: DM () Delete
Name: HALL, KEVIN
Address: 8589 CR 322
City-St-Zip: DUBLIN, TX 76446

Title: DP () Delete
Name: HALL, KEVIN
Address: 8589 CR 322
City-St-Zip: DUBLIN, TX 76446

Title: DT () Delete
Name: FOXWORTH, DOTTIE
Address: 2040 FRANK SMITH ROAD
City-St-Zip: QUINCY, FL 32352

Title: DD () Delete
Name: WILLIAMS, SANDI
Address: 8589 CR 322
City-St-Zip: DUBLIN, TX 76446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SANDI WILLIAMS

DD

08/15/2007

Electronic Signature of Signing Officer or Director

Date