

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004851

FILED  
Mar 31, 2009  
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 (X)**

**Name and Address of Current Registered Agent:**

BREWER, LISA REVELL  
1983 HOOT OWL HILL  
TALLAHASSEE, FL 32317 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: DS ( ) Delete  
Name: BREWER, LISA REVELL  
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

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date