

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# N97000003216

Entity Name: HORSES N HEROES OF MARION COUNTY, INC

Current Principal Place of Business:

12680 NORTH US HIGHWAY 441
HORSES& HEROES OF S. FLORIDA
CITRA, FL 32113 US

New Principal Place of Business:

12680 NORTH US HIGHWAY 441
HORSES& HEROES OF S. FLORIDA
CITRA, FL 32113 US

Current Mailing Address:

12680 NORTH US HIGHWAY 441
CITRA, FL 32113 US

New Mailing Address:

12680 NORTH US HIGHWAY 441
HORSES& HEROES OF S. FLORIDA
CITRA, FL 32113 US

FEI Number: 31-1548627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, MINDY
12680 NORTH US HIGHWAY 441
CITRA, FL 32113 US

Name and Address of New Registered Agent:

NOLAN-MORROW, MINDY
12680 NORTH US HIGHWAY 441
CITRA, FL 32113 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: MINDY NOLAN MORROW

01/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOLAN, MINDY
Address: 12680 NORTH US HIGHWAY 441
City-St-Zip: CITRA, FL 32113

Title: VD () Delete
Name: NOLAN, RON
Address: 3770-C VILLAGE DR
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD () Delete
Name: HURWITZ, SANDY
Address: 6481 NW 30TH AVENUE
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: MORROW, COLIN
Address: 12680 NORTH US HIGHWAY 441
City-St-Zip: CITRA, FL 32113 US

Title: D () Delete
Name: KONYHA, MARY
Address: 3465 NE 45 ST
City-St-Zip: OCALA, FL 34479 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NOLAN-MORROW, MINDY
Address: 12680 NORTH US HIGHWAY 441
City-St-Zip: CITRA, FL 32113

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: MINDY NOLAN MORROW

PD

01/09/2008

Electronic Signature of Signing Officer or Director

Date