

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
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:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 31-1548627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: D () Delete
Name: TALARICO, RAYMOND
Address: 2985 WEST HIGHWAY 318
City-St-Zip: CITRA, FL 32113

Title: D () Delete
Name: MITCHELL, KIM
Address: 5400 NW 110TH AVE.
City-St-Zip: OCALA, FL 34482

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

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: DR. () Change (X) Addition
Name: NAOLMI, KATZOWITZ
Address: 13604 FIREWOOD COURT
City-St-Zip: WELLINGTON, FL 33414

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

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date