

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003216

FILED  
Mar 07, 2012  
Secretary of State

**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  
Name: NOLAN-MORROW, MINDY  
Address: 12680 NORTH US HIGHWAY 441  
City-St-Zip: CITRA, FL 32113

Title: D  
Name: GORDAN, REISS  
Address: 1084 SE 58TH AVENUE  
City-St-Zip: OCALA, FL 34480

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

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

Title: DR.  
Name: NAOLMI, KATZOWITZ  
Address: 13604 FIREWOOD COURT  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: MINDY NOLAN MORROW

PD

03/07/2012

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

\_\_\_\_\_  
Date