

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006669

FILED
May 01, 2006
Secretary of State

Entity Name: HOPES, DREAMS AND HORSES, INC.

Current Principal Place of Business:

13153 169TH CT NORTH
JUPITER, FL 33478

New Principal Place of Business:

Current Mailing Address:

609 N HEPBURN AVE
105
JUPITER, FL 33458

New Mailing Address:

FEI Number: 65-0877996 **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:

CROWELL, BETH C
609 N. HEPBURN AVE
105
JUPITER, FL 33458 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: P () Delete
Name: COPELAND, SUSAN
Address: 13153 169TH CT NORTH
City-St-Zip: JUPITER, FL 33478

Title: V () Delete
Name: MORRILL, WENDY
Address: 107 E HAMPTON WAY
City-St-Zip: JUPITER, FL 33458

Title: T () Delete
Name: CROWELL, BETH
Address: 609 N HEPBURN AVE SUITE 105
City-St-Zip: JUPITER, FL 33458

Title: S () Delete
Name: BOWMAN, PEGGY
Address: 12345 RANDOLPH SIDING RD
City-St-Zip: JUPITER, FL 33478

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

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: D () Change (X) Addition
Name: MITCHELL, MEGAN
Address: 12394 154TH RD. N
City-St-Zip: JUPITER, FL 33478 US

Title: D () Change (X) Addition
Name: DIACK, MISSY
Address: 34 WATERSIDE CLOSE
City-St-Zip: EASTCHESTER, NY 10709 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN COPELAND

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date