

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90013 049 ****61.25

DOCUMENT # N98000006779					
1. Entity Name PERFECT WINGS THERAPEUTIC RIDING CENTER, INC.					
Principal Place of Business 5134 LITTLE DREAM LANE PANAMA CITY, FL 32404			Mailing Address P.O. BOX 8534 SOUTHPORT, FL 32409		
2. Principal Place of Business 8410 Cluster Rd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		44000000	
City & State Panama City FL		City & State		4. FEI Number 59-3551849	
Zip 32404		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANNOCKER, LYNN 5134 LITTLE DREAM LANE PANAMA CITY, FL 32404 8410 Cluster Rd Panama City FL 32409			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME VANNOCKER, FRANK	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Darin Stordahl	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5705 E5TH CT A1	CITY-ST-ZIP PANAMA CITY, FL 32404		STREET ADDRESS 9102 Kingswood Rd	CITY-ST-ZIP Southport FL 32409	
TITLE D	NAME HOGAN, RONALD	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Michale Stordahl	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5134 LITTLE DREAM LANE	CITY-ST-ZIP PANAMA CITY, FL 32404		STREET ADDRESS 9102 Kingswood Rd	CITY-ST-ZIP Southport FL 32409	
TITLE D	NAME VANNOCKER, LYNN	<input type="checkbox"/> Delete	(Empty row for additions/changes)		
STREET ADDRESS 5134 LITTLE DREAM LANE	CITY-ST-ZIP PANAMA CITY, FL 32404		(Empty row for additions/changes)		
TITLE (Empty)	NAME (Empty)	<input type="checkbox"/> Delete	(Empty row for additions/changes)		
STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)		(Empty row for additions/changes)		
TITLE (Empty)	NAME (Empty)	<input type="checkbox"/> Delete	(Empty row for additions/changes)		
STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)		(Empty row for additions/changes)		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 7-21-04 Daytime Phone #: 850-767-7198		