

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91275 011 ****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

**5134 LITTLE DREAM LANE
PANAMA CITY FL 32404**

2. Principal Place of Business

3. Mailing Address

P.O. Box 8534

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Southport, FL

Zip

Country

Zip

Country

32409-8534

USA

4. FEI Number **59-3551849**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VANNOCKER, LYNN
5134 LITTLE DREAM LANE
PANAMA CITY FL 32404**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	<input checked="" type="checkbox"/> Delete
NAME	VANNOCKER, FRANK	
STREET ADDRESS	5705 5TH CT A1	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOGAN, RONALD	
STREET ADDRESS	5134 LITTLE DREAM LANE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANNOCKER, LYNN	
STREET ADDRESS	5134 LITTLE DREAM LANE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stordahl, Larin	
STREET ADDRESS	9102 Kingswood Rd	
CITY-ST-ZIP	Southport FL 32409-1865	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stordahl, Michele	
STREET ADDRESS	9102 Kingswood Rd	
CITY-ST-ZIP	Southport FL 32409-1865	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Michele Stordahl

4-23-03 (850)265-0532

CR2E037 (10/02)