

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004369

FILED
Feb 03, 2009
Secretary of State

Entity Name: GOOD HOPE EQUESTRIAN TRAINING CENTER, INC.

Current Principal Place of Business:

22155 SW 147 AVE
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

PO BOX 700016
MIAMI, FL 33170

New Mailing Address:

FEI Number: 65-0945018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASS, MARGARET M
22155 S.W. 147TH AVENUE
MIAMI, FL 33170 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: D () Delete
Name: QUILLIAN, WARREN DR.
Address: 305 GRANELLO AVE.
City-St-Zip: CORAL GABLES, FL 33146

Title: DP () Delete
Name: BAGGETT, WILLIAM
Address: 16390 S.W. 248TH ST.
City-St-Zip: HOMESTEAD, FL 33031

Title: DT () Delete
Name: EPLING, ROBERT
Address: 28801 S.W. 157TH AVE.
City-St-Zip: HOMESTEAD, FL 33033

Title: DS () Delete
Name: ELIAS, NANCY
Address: 7685 SW 153RD STREET
City-St-Zip: MIAMI, FL 33157

Title: DVP () Delete
Name: LLABRE, MARIA DR
Address: PO BOX 248185
City-St-Zip: CORAL GABLES, FL 33124

Title: D () Delete
Name: SHEKELS, BOBBY
Address: 28100 SOUTHWEST 194TH COURT
City-St-Zip: HOMESTEAD, FL 33030

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: NANCY ELIAS

DS

02/03/2009

Electronic Signature of Signing Officer or Director

Date