

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006980

FILED
Jan 17, 2012
Secretary of State

Entity Name: HORSE TALES LITERACY PROJECT, INC.

Current Principal Place of Business:

3081 ARABIAN NIGHTS BLVD.
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

3081 ARABIAN NIGHTS BLVD.
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 59-3654968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAVECK, GLENDA
3081 ARABIAN NIGHTS BLVD.
KISSIMMEE, FL 34747 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: CPD
Name: MILLER, MARK M
Address: 3081 ARABIAN NIGHTS BLVD.
City-St-Zip: KISSIMMEE, FL 34747

Title: VCP
Name: FARLEY, TIMOTHY
Address: 3081 ARABIAN NIGHTS BLVD
City-St-Zip: KISSIMMEE, FL 34747

Title: STD
Name: MILLER, DEIDRE
Address: 3081 ARABIAN NIGHTS BLVD.
City-St-Zip: KISSIMMEE, FL 34747

Title: ED
Name: LAVECK, GLENDA
Address: 3081 ARABIAN NIGHTS BLVD.
City-St-Zip: KISSIMMEE, FL 34747

Title: D
Name: RICHARDSON, CYNTHIA
Address: 3081 ARABIAN NIGHTS BLVD.
City-St-Zip: KISSIMMEE, FL 34747

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: GLENDA LAVECK

ED

01/17/2012

Electronic Signature of Signing Officer or Director

Date