

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27550

FILED
Apr 12, 2009
Secretary of State

Entity Name: ADOPT-A-HORSE, LTD., INC.

Current Principal Place of Business:

479 LAKE APTHORP DRIVE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

16891 NW 20TH AVENUE
TRENTON, FL 32693 US

New Mailing Address:

FEI Number: 22-2954282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, JUDY
16891 NW 20TH AVENUE
TRENTON, FL 32693 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: PDT () Delete
Name: PRICE, JUDY S
Address: 16891 NW 20TH AVENUE
City-St-Zip: TRENTON, FL 32693 US

Title: D () Delete
Name: JONES, DONALD MD
Address: 1 CAPTAIN KIDD LANE
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D () Delete
Name: SESSIONS, OPHELIA
Address: 700 SE 57TH COURT ROAD
City-St-Zip: TRENTON, FL 32693 US

Title: D () Delete
Name: SPURLOCK, ALIX P
Address: 1890 NW 167TH PLACE
City-St-Zip: TRENTON, FL 32693 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SPURLOCK, STANLEY A
Address: 1890 NW 167TH PLACE
City-St-Zip: TRENTON, FL 32693 US

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

Title: DS (X) Change () Addition
Name: SPURLOCK, ALIX P
Address: 1890 NW 167TH PLACE
City-St-Zip: TRENTON, FL 32693 US

Title: D () Change (X) Addition
Name: CLARK, SUE B
Address: 479 LAKE APTHORP DRIVE
City-St-Zip: LAKE PLACID, FL 33852

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: JUDY S. PRICE

PDT

04/12/2009

Electronic Signature of Signing Officer or Director

Date