

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90001 048 ****70.00

DOCUMENT # N02000008541	
1. Entity Name EQUESTRIAN OUTREACH INCORPORATED	

Principal Place of Business P. O. BOX 7215 BOCA RATON, FL 33431	Mailing Address P. O. BOX 7215 BOCA RATON, FL 33431
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40025402



2. Principal Place of Business - No P.O. Box # - 16668 Winners Circle Drive	3. Mailing Address P.O. Box 811361
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01232007 Chg-NP CR2E037 (12/06)

City & State Delray Beach, FL	City & State Boca Raton, FL
Zip 33446	Zip 33481-1361
Country USA	Country USA

4. FEI Number 68-0528808	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCRUTON, PHIL 2191 NE 5TH CIRCLE BOCA RATON, FL 33431		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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 NAME STREET ADDRESS CITY - ST - ZIP	D YOUNG, NANCY P. O. BOX 7215 BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YOUNG, NANCY ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOUTHETT, LYNN P. O. BOX 7215 BOCA RATON, FL 33431 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTER, GLADIS P. O. BOX 7215 BOCA RATON, FL 33431 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07 5612710353
Date Daytime Phone #