

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005076

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** EQUESTRIAN AID FOUNDATION, INC.

**Current Principal Place of Business:**

11924 WEST FOREST HILL BLVD  
SUITE 22-377  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

11924 WEST FOREST HILL BLVD  
SUITE 22-377  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 65-0546516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STEPHEN S. MATHISON, P.A.  
5606 PGA BOULEVARD  
SUITE 211  
PALM BEACH GARDENS, FL 33418 US

**Name and Address of New Registered Agent:**

JACQUIE, MCCUTCHAN  
11924 WEST FOREST HILL BLVD.  
SUITE 22-377  
WELLINGTON, FL 33414 US

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: JACQUIE MCCUTCHAN

04/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EVANS, SCOTT  
Address: 13 BURNHAM WOOD COURT  
City-St-Zip: ANNAPOLIS, MD 21403 US

Title: VP  
Name: GRAY, AL  
Address: P.O. BOX 123  
City-St-Zip: BOSTON, MA 11932 US

Title: T  
Name: MCCUTCHAN, JACQUELINE  
Address: 1400 CRESTWOOD COURT S #1406  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: S  
Name: KURSAR, SHERYL  
Address: 7710 SETON HOUSE LANE  
City-St-Zip: CHARLOTTE, NC 28277

Title: D  
Name: BERKLEY, KEN  
Address: 12940 MIZNER WAY  
City-St-Zip: WELLINGTON, FL 33414 US

Title: D  
Name: BLOOMBERG, GEORGINA  
Address: 660 PARK AVENUE  
City-St-Zip: NEW YORK, NY 100212 US

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: JACQUIE MCCUTCHAN

T

04/17/2012

Electronic Signature of Signing Officer or Director

Date