

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005076

FILED
Apr 28, 2006
Secretary of State

Entity Name: EQUESTRIAN AID FOUNDATION, INC.

Current Principal Place of Business:

12028 LONGWOOD GREEN DR
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

72 THOMPSON ST
SUITE 9
NEW YORK, NY 10012 US

New Mailing Address:

FEI Number: 65-0546516 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MATHSON, STEPHAN S
13833 WELLINGTON TRACE
5606 PGA BLVD
PALM BEACH GARDENS, FL 33418 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: P () Delete
Name: DOVER, ROBERT
Address: 12028 LONGWOOD GREEN DR
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: EVANS, R S
Address: P O BOX 190
City-St-Zip: LITTLE YORK, NJ 08834

Title: T () Delete
Name: DAVIS, RON
Address: 72 THOMPSON ST #9
City-St-Zip: NEW YORK, NY 10012

Title: S () Delete
Name: ROSS, ROBERT
Address: 12028 LONGWOOD GREEN DR
City-St-Zip: WELLINGTON, FL 33414

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

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: MS. () Change (X) Addition
Name: LA FERLITA, ALISON A
Address: 53-23 WOODSIDE AVENUE
City-St-Zip: WOODSIDE, NY 11377

I hereby certify that the information supplied with this filing does not qualify for the 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: RON DAVIS

TREA

04/28/2006

Electronic Signature of Signing Officer or Director

Date