

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90142 014 ****61.25

DOCUMENT # N94000005076 1. Entity Name EQUESTRIAN AID FOUNDATION, INC.					
Principal Place of Business 12028 LONGWOOD GREEN DR <i>SANNO</i> WELLINGTON, FL 33414 — US		Mailing Address <i>PO Box 1180</i> 72 THOMPSON ST SUITE 9 <i>Long Beach NY</i> NEW YORK, NY 10012 <i>11561</i> US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01312007 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0546516	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MATHSON, STEPHAN S. 13833 WELLINGTON TRACE 5606 PGA BLVD PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent 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 <i>[Signature]</i> 3-31-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	P DOVER, ROBERT 12028 LONGWOOD GREEN DR WELLINGTON, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVANS, R S P O BOX 190 LITTLE YORK, NJ 08834	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, RON 72 THOMPSON ST #9 NEW YORK, NY 10012	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cetty Weiss ☒ Change ☐ Addition 11924 W Forest Suite 13 Wellington FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, ROBERT 12028 LONGWOOD GREEN DR WELLINGTON, FL 33414	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jenny Dunion ☒ Change ☐ Addition 848 246 Wellington Wellington FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. LA FERLITA, ALISON A 53-23 WOODSIDE AVENUE WOODSIDE, NY 11377	☐ Delete <i>Administrative MC</i>	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: <i>[Signature]</i> 3-31-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					