

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005076

FILED
May 06, 2009
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:

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

Current Mailing Address:

11924 WEST FOREST HILL BOULEVARD
SUITE
WEST PALM BEACH, FL 33414 US

New Mailing Address:

11924 WEST FOREST HILL BOULEVARD
SUITE 22-377
WEST PALM BEACH, FL 33414 US

FEI Number: 65-0546516 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

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

Title: VP () Delete
Name: DUNION, JENNY
Address: P.O. BOX 123
City-St-Zip: BRIDGEHAMPTON, NY 11932 US

Title: T () Delete
Name: WEISS, CETTY DR.
Address: 12413 EQUINE LANE
City-St-Zip: WELLINGTON, FL 33414 US

Title: S () Delete
Name: TUDOR, KIM
Address: P.O. BOX 190
City-St-Zip: LITTLE YORK, NJ 08834

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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:

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: CETTY WEISS

DR

05/06/2009

Electronic Signature of Signing Officer or Director

Date