2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# N94000005076

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:

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
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: JACQUELINE MCCUTCHAN T 02/17/2011

Electronic Signature of Signing Officer or Director — Date