

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003396

**Entity Name:** DAVY JONES EQUINE MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

941 NORTH HIGHWAY A1A  
JUPITER, FL 33477

**Current Mailing Address:**

941 NORTH HIGHWAY A1A  
JUPITER, FL 33477

**FEI Number: 45-4944448**

**Certificate of Status Desired: No**

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

JOSEPH C. KEMPE, P.A.  
941 NORTH HIGHWAY A1A  
JUPITER, FL 33477 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ROSTON, TALIA JONES  
Address 1120 LUNETTA PLAZA  
City-State-Zip: SANTA BARBARA CA 93109

Title VP  
Name BOYCE, ROBERTA A  
Address P.O. BOX 121432  
City-State-Zip: NASHVILLE TN 37212

Title S,T  
Name BOYCE, ROBERTA A  
Address P.O. BOX 121432  
City-State-Zip: NASHVILLE TN 37212

Title D  
Name CRAMER, JESSICA J  
Address GRENVILLE HALL  
City-State-Zip: DROXFORD HANTS SO32 3QX

Title D  
Name MCFADDEN, SARAH JONES  
Address 3132 ARGONNE CIRCLE  
City-State-Zip: SANTA BARBARA CA 93105

Title D  
Name BRADY, ANNABEL CHARLOTTE  
Address 3132 ARGONNE CIRCLE  
City-State-Zip: SANTA BARBARA CA 93105

*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: ROBERTA ANN BOYCE**

**VP**

**02/16/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date