

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000000733

**FILED**  
**Mar 26, 2018**  
**Secretary of State**  
**CC8612213948**

**Entity Name:** FORGET ME KNOT EQUINE RESCUE INC.

**Current Principal Place of Business:**

18975 WEST HIGHWAY 328  
DUNNELLON, FL 34432

**Current Mailing Address:**

18975 WEST HIGHWAY 328  
DUNNELLON, FL 34432 US

**FEI Number: 81-4750038**

**Certificate of Status Desired: No**

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

LARSEN-SMILEY, LISA  
18975 WEST HIGHWAY 328  
DUNNELLON, FL 34432 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            DIR  
Name            LARSEN-SMILEY, LISA  
Address        1250 SW 140TH AVE  
City-State-Zip: Ocala FL 34481

Title            PRESIDENT  
Name            EDWARDS, SHAINA  
Address        271 BONNIE BLVD  
                  APT 212  
City-State-Zip: PALM SPRINGS FL 34461

Title            VP  
Name            PORTNOY, JASON  
Address        1450 SW 140TH AVE  
City-State-Zip: Ocala FL 34481

Title            SEC  
Name            SIMON, JAMES  
Address        1450 SW 140TH AVE  
                  Ocala  
City-State-Zip: PALM SPRINGS FL 33461

Title            TREASUER  
Name            WILSON, GENEVIEVE  
Address        1450 SW 140TH AVE  
City-State-Zip: Ocala FL 34481

*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: LISA LARSEN- SMILEY**

**DIRECTOR**

**03/26/2018**

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

\_\_\_\_\_  
Date