

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000000733

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

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

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