

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000002919

**Entity Name:** DIAMOND B'S LAST CHANCE HORSE RESCUE INC.

**Current Principal Place of Business:**

10301 HERITAGE FARMS ROAD  
LAKE WORTH, FL 33449

**Current Mailing Address:**

10301 HERITAGE FARMS ROAD  
LAKE WORTH, FL 33449

**FEI Number: 82-1012174**

**Certificate of Status Desired: No**

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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 PT  
Name BURNS, DANIELLE M  
Address 10301 HERITAGE FARMS ROAD  
City-State-Zip: LAKE WORTH FL 33449

Title D  
Name BURNS, MICHELE P  
Address 10301 HERITAGE FARMS ROAD  
City-State-Zip: LAKE WORTH FL 33449

Title D  
Name ESTRADA, ALEJANDRO P  
Address 10301 HERITAGE FARMS ROAD  
City-State-Zip: LAKE WORTH FL 33449

Title S  
Name ERWIN, CHELSEA  
Address 6020 SUGARCANE LANE  
City-State-Zip: LAKE WORTH FL 33449

Title D  
Name ARCHER, LINDA J  
Address ESTATE DRIVE  
City-State-Zip: WEST PALM BEACH FL 33411-5715

Title D  
Name BURNS, DANIEL E  
Address 10301 HERITAGE FARMS ROAD  
City-State-Zip: LAKE WORTH FL 33449

Title DIRECTOR  
Name WOOTEN, LINDA  
Address 11513 56TH PL  
City-State-Zip: WEST PALM BEACH FL 33411-8828

Title DIRECTOR  
Name VIKTORIA, JACKSON  
Address 14397 LARKSPUR LANE  
City-State-Zip: WELLINGTON FL 33414

**Continues on page 2**

*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: MICHELE P BURNS**

**DIRECTOR**

**05/27/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SCHWAM, SHERI  
Address        15856 DOUBLE EAGLE TRAIL  
City-State-Zip: DELRAY BEACH FL 33446